FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P O BOX 629 MANGO FL 33550

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

28

29

PROFIT CORPORATION ANNUAL REPORT

1998

3814 EAST COLUMBUS DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zio

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103462 (3)

GENEVAMATION INDEXING DRIVES, INC.

Principal Place of Business	Mailing Address
Principal Place of Business	waning Address

Country

9. Name and Address of Current Registered Agent

3634 B MOINTOSH RD. 12323 FARNKUN ROAD DOVER FL 33327 TAMPA FL

25

FILED
Apr 22 1998 8:00am
Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.0505. Florida Statutes.

Country

81

83

30

	Signature, typed or printed name of registered agent and tills		1E: Registered Agent signature			
<u>12</u>	OFFICERS AND DIREC		13,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELET E	1.1 TITLE		Change	Addition Addition
NAME]	Horner, Kevin		1.2 NAME			
STREET ADDRESS	3634-B MCINTOSH RD.		1.3 STREET ADDRESS	12323 FRANKLIN ROAD		
OTY-ST-ZIP	DOVER FL 33527		1.4 CITY-ST-ZIP	TAMPA FL		
ritue	VP	☐ DELETE	2.1 TITLE		Change	Addition
VAME	ECCLES, SCOTT		2.2 NAME			
STREET ADORESS	7414 ROUGH ROAD		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33610		2 4 CITY-ST-ZIP			
TILE		☐ DELETE	3.1 TITLE		☐ Change	Addition Addition
IAME			3.2 NAME			
TREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
ITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
IAME (4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
ITLE		☐ DELET E	5.1 TITLE		Change	Addition
IAME			5.2 NAME			
TREET ADDRESS			5.3 STREET ADDRESS			
HTY-ST-ZIP			5.4 CITY - ST - ZIP			
ITLE		DELETE	6.1 TITLE		Change	Addition
VAME			6.2 NAME			
STREET ADDRESS	A supplied to the supplied of the supplied to		6.3 STREET ADDRESS			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 50 you an attractment with an address.

4/11/98/812/2017-20A