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**VAN GENK, INC.**


FILED

00 OCT 27 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\_\_\_\_\_

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address		5704 MICHIGAN AVE JACKSONVILLE FL 32211	
5704 MICHIGAN AVE JACKSONVILLE FL 32211		5704 MICHIGAN AVE JACKSONVILLE FL 32211-4612		SECRETARY OF STATE TALLAHASSEE FLORIDA 	
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3447436</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FRANTZ, JERI J 5704 MICHIGAN AVE JACKSONVILLE FL 32211		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<div>FL</div> <div>Zip Code</div>

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FRANTZ, JERI J 5704 MICHIGAN AVE JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400003460104--3 -11/13/00--01006--003 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition KE

13. I hereby 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/80 (909) 744-8395  
Date Daytime Phone #

CR2E034 (9/99)

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08/02/2000

DIVISION OF CORPORATIONS  
P O BOX 1500  
TALLAHASSEE, FL. 32302-1500

RE:VAN GENK, INC.  
DOC #:P97000038475  
YEAR:2000

DEAR SIRs,

PLEASE ACCEPT MY 2000 UNIFORM BUSINESS REPORT AND CHECK FOR \$150.00. MY MOTHER WAS TOLD SHE HAD CANCER IN THE LAST WEEK OF APRIL, 2000, HAD SURGERY AND NEVER LEFT THE HOSPITAL. I HAVE INCLUDED A COPY OF THE OBITUARY FROM JUNE 7, 2000. THIS HAD A MAJOR EFFECT ON MY PERSONAL LIFE AND THIS REPORT WAS OVERLOOKED. PLEASE ALLOW ME THIS ONE EXCEPTION TO TIMELY FILING.

THANK YOU IN ADVANCE,

JERI FRANTZ