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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700043077

1. Corporation Name

GENA CONSULTING INC.

Principal Place	of Business	Mailing Address			
16 PLATEAU LANE PALM COAST FL 32164 US		16 PLATEAU LANE PALM COAST FL 32164. US		DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualifed 05/12/1997	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number 59-3448947	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
24	25	29 3	0	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Curren	t Registered Agent	81 Name		ad Agent
OFNA OFDAID AA IB				Gerald M. Gena Jr.	
260 BASQUE RD			82 Street Add	ress (P.O. Box Number is Not Acceptable) - A Plateau Lane	
ST AUGUSTINE FL 32084			83	-A Mareau Lane	
0. A					
					L 85 32164
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. I am familiar with, and accept the obligations of, Section 607.0505 Flyfida Statutes.					
SIGNATURE	GreraldM. Gena	Jr. X Day	well M. Fe	inf, X	4-12-99
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent signature requir	red when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		
NAME	GENA, GERALD M JR		1.2 NAME		
STREET ADDRESS	16 PLATEAU LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164	Fil ocupan	1.4 CITY-ST-ZIP		Change Addition
TITLE	VP	☐ DELETE	2,1 TITLE		Criange Cl Addition
NAME	KILGORE, BARBARA		2.2 NAME		
STREET ADDRESS	16 PLATEAU LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32164		2. 4 CITY-ST-ZIP		Change D'Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	·	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition)
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	•	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP		Change Dadding
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	·		6.2 NAME		
			6.3 STREET ADDRESS		,

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

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

OlGeraldM-GenaJV.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90095 021 ***150.00