

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

FILED  
May 21, 1999 8:00 am  
Secretary of State

05-21-1999 90007 029 \*\*\*150.00

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DOCUMENT # P97000079835

1. Corporation Name

GENESIS CENTER, INC.

**Genesis Center**

5353 S. Tamiami Trail, Suite M  
Sarasota, FL 34231

Principal Place of Business

2520 S TAMIAH TRL  
SARASOTA FL 34239  
US

Mailing Address

2520 S TAMIAH TRL  
SARASOTA FL 34239  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0799690

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5353 S. Tamiami Trail

Suite, Apt. #, etc.

22 Suite M

City & State

23 SARASOTA

Zip

24 34231

Country

25 SRQ

2a. Mailing Address

26 5353 S. Tamiami Trail

Suite, Apt. #, etc.

27 Suite M

City & State

28 SARASOTA

Zip

29 34231

Country

30 SRQ

9. Name and Address of Current Registered Agent

MARTIN, DAVID J DR  
3761 COUNTRYSIDE RD  
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PCEO  
MARTIN, DAVID J DR  
STREET ADDRESS  
3761 COUNTRYSIDE RD  
CITY-ST-ZIP  
SARASOTA FL 34233

TITLE ☒ DELETE

NAME  
VP  
MYERS, GENE DR  
STREET ADDRESS  
1310 S LAKESHORE DR  
CITY-ST-ZIP  
SARASOTA FL 34231

TITLE ☒ DELETE

NAME  
S  
BANKS, WHIT  
STREET ADDRESS  
1530 EAST BROOK DR  
CITY-ST-ZIP  
SARASOTA FL 34231

TITLE ☒ DELETE

NAME  
BM  
MCCLOSKEY, GEORGE WILLIAM  
STREET ADDRESS  
4749 PINE HARRIER DR  
CITY-ST-ZIP  
SARASOTA FL 34231

TITLE ☒ DELETE

NAME  
S  
MCCLOSKEY, GLORIA GLADYS  
STREET ADDRESS  
4749 PINE HARRIER DR  
CITY-ST-ZIP  
SARASOTA FL 34231

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)