

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 10:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S17528 (8)

1. Corporation Name

**GENESIS ELECTRONICS COMPANY OF NORTHWEST FLORIDA
. INC.**

Principal Place of Business

Mailing Address

**9413 A PALAFOX ST
STE C
PENSACOLA FL 32504
US**

**9413 A PALAFOX ST
SWTE C
PENSACOLA FL 32504
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

04/01/1994

4. FEI Number

59-3045373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 849 Copper Ridge Dr

26 849 Copper Ridge Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Cantonment FL

28 Cantonment FL

Zip

Country

Zip

Country

24 32533

25 USA

29 32533

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, JIMMY K.
9413 C N PALAFOX ST
SUITE A-6
PENSACOLA FL 32534**

81 Name

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

849 Copper Ridge Dr.

83

84 City **Cantonment**

FL

85 Zip Code

32533

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	COOPER, JIMMY K.
STREET ADDRESS	9413-C N PALAFOX ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	DST
NAME	THOMLEY, MARGARET ANN
STREET ADDRESS	9413 N PALAFOX ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	849 Copper Ridge Dr
1.4 CITY - ST - ZIP	CANTONMENT FL 32533
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	849 Copper Ridge Dr
2.4 CITY - ST - ZIP	CANTONMENT FL 32533
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

MARGARET A. THOMLEY

1/27/95

904-479-7410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone