

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

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Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90061 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S57196

1. Corporation Name  
GEONETICS CORP.

Principal Place of Business  
5120 SOUTH LAKELAND DR.  
SUITE 1  
LAKELAND FL 33813

Mailing Address  
5120 SOUTH LAKELAND DR.  
SUITE 1  
LAKELAND FL 33813

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

3. Date Incorporated or Qualified  
05/31/1991

4. FEI Number  
59-3070748

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

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, WILLIAM H.  
5120 S LAKELAND DR  
LAKELAND FL 33813

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                             | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------|---|---|
| TITLE                      | DST                         | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TAYLOR, WILLIAM H.          | 1.2 NAME  |   |
| STREET ADDRESS             | 5120 S LAKELAND DR          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | P                           | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | E. WYLLYS TAYLOR            | 2.2 NAME  |   |
| STREET ADDRESS             | 1400 COLLINS LANE           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | LAKELAND FL                 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DV                          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TAYLOR, EDWARD W JR         | 3.2 NAME  |   |
| STREET ADDRESS             | COLONY PLACE, STE FARM ROAD | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | BOONE NC                    | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 4.2 NAME  |   |
| STREET ADDRESS             |                             | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                             | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 5.2 NAME  |   |
| STREET ADDRESS             |                             | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                             | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                             | 6.2 NAME  |   |
| STREET ADDRESS             |                             | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                             | 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: William H. Taylor REQUIRED 1-14-99 941-646-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (1/98)