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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

GERENS PROPERTIES, INC.

DOCUMENT #

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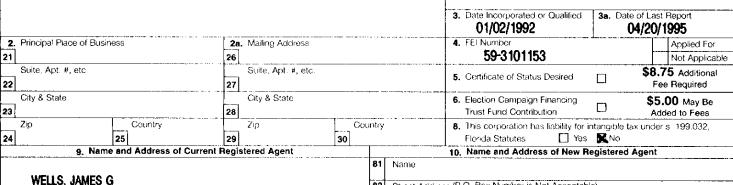
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Maling Address

936 BRIDGEGATE DR MARIETTA GA 30068

Prin

936 BRIDGEGATE DR MARIETTA GA 30068



WELLS, JAMES G

5015 WEST WATERS AVE	02	Street Address (F.O. Box Normber	2 Mot Modelytartie)	
STE B TAMPA FL 33634	83			
TAMEA FL 33034	84	City	FL 85	Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida S	tatutes, the above r	named corporation submits this state	nent for the purpose of changing	its registered office

11. 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. Lam familiar with land accept the obligations of Section 607,0505. Florida Statutes

	i, and decept the congations on, economics	ecoco, monda ciannos.				
SIGNATURE _	Signature, typed or printed name of registered agent and toe if	noud take (Na Ti	Registered Agent signature required	wher reinstalling DATE		
12.	OFFICERS AND DIRECTORS		13.			
TITLE	D	DELETE	1. 1 TITLE		Change	Addition
NAME	Geren, David R.		1.2 NAME			
STREET ADDRESS	936 BRIDGEGATE DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	2 1 TITLE		Change	☐ Addition
NAME	GEREN, JIMMIE		2 2 NAME			
STREET ADDRESS	936 BRIDGEGATE DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA		2 4 CITY - ST - ZIP			
THILF		DELETE	3 1 TITLE		Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4 CITY - ST - ZIP			
THILE		DELETE	4 1 TITLE]	Change	C Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 7IP			
TIELE		DELETE	5 1 TITUE	[Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5 4 CITY - ST - ZIP			
TITLE		☐ DELETE	6 1 TITLE	Į	☐ Change	Add tion
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			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)(k), 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 directed 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

SIGNATURE: 2

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

770-509-0579 / Daytine Pricine 4