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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

DOCUMENT # **320932**

1. Corporation Name
ABC RESEARCH CORPORATION



Principal Place of Business C/O CHARLES I. HOLDEN, JR. 2700-C NW 43RD ST GAINESVILLE FL 32606	Mailing Address C/O CHARLES I. HOLDEN, JR. 2700-C NW 43RD ST GAINESVILLE FL 32606
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/14/1967	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-1198951	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2772 NW 43 Street	2a. Mailing Address 26 2772 NW 43 Street
Suite, Apt. #, etc. 22 S	Suite, Apt. #, etc. 27 S
City & State 23 Gainesville, FL	City & State 28 Gainesville, FL
Zip 24 32606	Country 25
Country 25	Zip 29 32606
Country 25	Country 30

9. Name and Address of Current Registered Agent
HOLDEN, CHARLES I. JR.
2700 NW 43RD STREET, SUITE C
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2772 NW 43 Street, Suite S
83	
84 City	Gainesville
85 Zip Code	FL 32606

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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BROWN, AGNES F.	
STREET ADDRESS	3437 SW 24TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLDEN, CHARLES I JR	
STREET ADDRESS	3437 SW 24TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, RICHARD L.	
STREET ADDRESS	3437 SW 24TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM L	
STREET ADDRESS	3437 SW 24TH AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DODD, WAYNE	
STREET ADDRESS	3437 SW 24TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holden, Charles I. Jr.
2.3 STREET ADDRESS	2772--NW 43 Street, Suite S
2.4 CITY-ST-ZIP	Gainesville, FL 32606
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: William R. Brown 4/6/99 352-372-0436
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)