

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 320932

**Entity Name:** ABC RESEARCH CORPORATION

**Current Principal Place of Business:**

5608 NW 43 ST.  
GAINESVILLE, FL 32653

**Current Mailing Address:**

5608 NW 43 ST.  
GAINESVILLE, FL 32653

**FEI Number:** 59-1198951

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOLDEN, CHARLES I. JR.  
5608 NW 43 STREET  
GAINESVILLE, FL 32653 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name BROWN, AGNES F.  
Address 5200 SW 25TH BLVD.  
NANDINA #2208  
City-State-Zip: GAINESVILLE FL 32608

Title VP, DIRECTOR  
Name HOLDEN, CHARLES IJR.  
Address 5608 NW 43RD STREET  
City-State-Zip: GAINESVILLE FL 32653

Title TREASURER, DIRECTOR  
Name GILLMAN, LAURA  
Address 901 NW 57TH STREET  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR, PRESIDENT  
Name LITTLE, CHRISTINA L  
Address 7A N. BRIDGE DRIVE  
City-State-Zip: LONG VALLEY NJ 07853

Title DIRECTOR, SECRETARY  
Name OVERACKER, CAROL W.  
Address 5608 NW 43 ST.  
City-State-Zip: GAINESVILLE FL 32653

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES I. HOLDEN, JR.

VP

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date