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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:32

DOCUMENT # **357576** **(8)**

1. Corporation Name
ACTION RESEARCH CORPORATION

Principal Place of Business	Mailing Address
5641 OLD HICKORY LN TALLAHASSEE FL 32303	3333 W. LAKESHORE DR TALLAHASSEE FL 32312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1969	06/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1281334	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAROTHERS,GRAHAM 5012 BARFIELD ROAD WASHINGTON SQUARE TALLAHASSEE FL 32302	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 _____ DATE _____
(Signature, Typed or Printed Name of Registered Agent and the Capacity) (NOTE: Registered Agent's signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CROUSE, WILLIAM H	12 NAME	
STREET ADDRESS	9321 ST JOE CENTER RD	13 STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE, IND 00000	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	S/T/D ☒ Change ☐ Addition
NAME	AKER, PATRICIA	22 NAME	AKER, PATRICIA
STREET ADDRESS	3333 LAKESHORE DR	23 STREET ADDRESS	3333 Lakeshore Dr.
CITY-ST-ZIP	TALLAHASSEE, FL 00000	24 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	CARTER, CATHY	32 NAME	Delete from officer list
STREET ADDRESS	5641 OLD HICKORY LN	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	AKER, JON K.	42 NAME	
STREET ADDRESS	2003 WAHALAW NENE	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Jon K. Aker 3-22-95 904 922 8085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027660 CF