FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name

ACTION RESEARCH CORPORATION

Principal Place of Business

~~5041 OLD HICKORY LN~~
~~TALLAHASSEE FL 32303~~

Mailing Address

3333 W. LAKESHORE DR
TALLAHASSEE FL 32312
US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1969	03/28/1995

4. FEI Number: 59-1281334 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☒ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3333 W. LAKESHORE DR	26 3333 W. LAKE SHORE DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE, FL	City & State 28 TALLAHASSEE - FL.
Zip 24 32312 Country 25 LEON	Zip 29 32312 Country 30 LEON

9. Name and Address of Current Registered Agent

CAROTHERS,GRAHAM
5012 BARFIELD ROAD
WASHINGTON SQUARE
TALLAHASSEE FL 32302

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1 1 TITLE	VD	☒ Change ☐ Addition
NAME	CROUSE, WILLIAM H		1 2 NAME	AKER, PATRICIA. L	
STREET ADDRESS	9321 ST JOE CENTER RD		1 3 STREET ADDRESS	3333 W. LAKE SHORE, DR.	
CITY-ST-ZIP	FT WAYNE, IND 00000		1 4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
TITLE	STD	☐ DELETE	2 1 TITLE	STD	☐ Change ☐ Addition
NAME	AKER, PATRICIA		2 2 NAME	AKER, PATRICIA. L	
STREET ADDRESS	3333 ;ALESJPRE DR		2 3 STREET ADDRESS	3333 W. LAKE SHORE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2 4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
TITLE	PD	☐ DELETE	3 1 TITLE	PD	☒ Change ☐ Addition
NAME	AKER, JON K.		3 2 NAME	AKER, PATRICIA. L	
STREET ADDRESS	2003 WAHALAW NENE		3 3 STREET ADDRESS	3333 W. LAKESHORE DR.	
CITY-ST-ZIP	TALLAHASSEE FL		3 4 CITY-ST-ZIP	TALLAHASSEE, FL. 32312	
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		☐ 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		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 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 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: Patricia L. Aker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 904-385-2321

CR2E034 (12/95)