FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 22 AM 9:56

DOCUMENT # **357692** **(3)**

1. Corporation Name
ATLANTIC & PACIFIC RESEARCH INC

Principal Place of Business	Mailing Address
1230 GATEWAY #9 BOX 14545 N PALM BEACH FL 33408	1230 GATEWAY #9 BOX 14545 N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1969
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21): 1500 Avenue "R"
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26): P.O. Box 14545
Suite, Apt. #, etc. (27):
City & State (28): N. Palm Beach FL 33408
Zip (29): 33408 Country (30): USA

4. FEI Number: 06-0759233 ☐ 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

9. Name and Address of Current Registered Agent

PLIMPTON,JR., R.S.
244 FORESTERIA DRIVE
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name: Plimpton Jr. R.S. % Parker
82 Street Address (P.O. Box Number is Not Acceptable): 1099 Raintree Lane.
83:
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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 title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1, 1 TITLE	☐ Change ☐ Addition
NAME	PLIMPTON, KINGSLEY B	1 2 NAME	
STREET ADDRESS	420 NORTH 3RD ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1 4 CITY-ST-ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	PLIMPTON, R.S. SR.	2 2 NAME	
STREET ADDRESS	2218 MAT EAST	2 3 STREET ADDRESS	
CITY-ST-ZIP	TIBURON CA	2 4 CITY-ST-ZIP	
TITLE	PDT	3 1 TITLE	☐ Change ☐ Addition
NAME	PLIMPTON RS JR	3 2 NAME	
STREET ADDRESS	244 FORESTERIA DR	3 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK, FL 00000	3 4 CITY-ST-ZIP	
TITLE	DS	4 1 TITLE	☐ Change ☐ Addition
NAME	PARKER, ROBIN	4 2 NAME	
STREET ADDRESS	1099 RAINTREE LN.	4 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4 4 CITY-ST-ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	PLIMPTON, DEBRA	5 2 NAME	
STREET ADDRESS	244 FORESTERIA DR	5 3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	5 4 CITY-ST-ZIP	
TITLE		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 report 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 13 if changed, added or deleted.

SIGNATURE: Robin Parker 2·16·95 407848'1191
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING ON BEHALF OF CORPORATION — DATE — DAYTIME TELEPHONE #

0247060 CP