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 # **493163** **(0)**

1. Corporation Name
IRWIN RESEARCH SERVICES, INC.

Principal Place of Business
900 UNIVERSITY BLVD N STE 606
JACKSONVILLE FL 32211

Mailing Address
900 UNIVERSITY BLVD N STE 606
JACKSONVILLE FL 32211

2. Principal Place of Business
21 9250 BAYMEADOWS RD
Suite, Apt. #, etc.
22 350
City & State
23 JACKSONVILLE, FL
Zip
24 32256-1813 25 DUVAL
Country

2a. Mailing Address
26 9250 BAYMEADOWS RD
Suite, Apt. #, etc.
27 350
City & State
28 JACKSONVILLE, FL
Zip
29 32256-1813 30 DUVAL
Country

3. Date Incorporated or Qualified: 12/29/1975
3a. Date of Last Report: 02/02/1995
4. FEI Number: 59-1637191 ☐ 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
IRWIN, CLARICE
3820 LA VISTA CIRCLE #124
JACKSONVILLE FL 32217

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 over 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 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

TITLE	P	☐ DELETE
NAME	IRWIN, CLARICE	
STREET ADDRESS	3820 LA VISTA CIR #124	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	☐ DELETE
NAME	IRWIN, ROGER	
STREET ADDRESS	3820 LA VISTA CIR #124	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	V	☐ DELETE
NAME	IRWIN, SCOTT	
STREET ADDRESS	9123 MARGOLYN CT	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	S	☐ DELETE
NAME	SANDERS, JANE	
STREET ADDRESS	9252 SAN JOSE BL. #3704	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (12/95)

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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96
Date

904-731-1811
Daytime Phone #