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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business 9250 BAYMEADOWS RD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 493163

(0)

IRWIN RESEARCH SERVICES, INC.

Mailing Address	
9250 BAYMEADOWS RD SUITE 350	
JACKSONVILLE FL 32256	
US	

FILED
Jan 29 1998 8:00am
Secretary of State



SUITE 350 JACKSONVILLE FL 32256 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1637191 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 IRWIN, CLARICE 3820 LA VISTA CIRCLE #124 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 83 84 City Zip Code FI Pursuant to the proffice or registere agent. I am family visions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the 6tate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) d or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition IRWIN, CLARICE NAME 1.2 NAME CR2E034 3820 LA VISTA CIR #124 STREET ADDRESS 1,3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY - ST - ZIP 1,4 CITY-ST-ZIP □ DELETE Change Addition TITLE 2.1 TITLE IRWIN, ROGER NAME 2.2 NAME 3820 LA VISTA CIR #124 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE 3.1 TITLE TITLE IRWIN, SCOTT 3.2 NAME NAME 9123 MARGOLYN CT 3.3 STREET ADDRESS STREET ADORESS JACKSONVILLE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SANDERS, JANE NAME 4. 2 NAME 9252 SAN JOSE BL. #3704 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETÉ 5.1 TITLE Change Addition 5,2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 technical 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 technical 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 technical 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 technical 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 technical 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 technical 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 technical 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 of the technical 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 of the corporation of the technical report is true and accurate and that my signature shall have the same legal effect as if the true and the

BE REQUIRED

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SIGNATURE: