

**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 # 638498 (6)**

1. Corporation Name

**FLORIDA RESEARCH SERVICES, INC.**



Principal Place of Business

**P.O. BOX 56530  
JACKSONVILLE FL 32241**

Mailing Address

**P.O. BOX 56530  
JACKSONVILLE FL 32241**

<b>3. Date Incorporated or Qualified</b> 10/04/1979		<b>3a. Date of Last Report</b> 07/20/1995	
<b>4. FEI Number</b> 59-2653984		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		29 Country	
24		30	

**9. Name and Address of Current Registered Agent**

**WELLS, CLYDE N. JR.  
11100 SAN JOSE BLVD.  
P.O. BOX 56530  
JACKSONVILLE FL 32241**

**10. Name and Address of New Registered Agent**

<b>81. Name</b>	
<b>82. Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83.</b>	
<b>84. City</b>	<b>85. Zip Code</b>

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, W J	1.2 NAME	
STREET ADDRESS	11125 STOWE COTTAGE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, THOMAS A. D	2.2 NAME	
STREET ADDRESS	629-B PONTE VEDRA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, CLYDE N. J	3.2 NAME	
STREET ADDRESS	11100 SAN JOSE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILSON L.	4.2 NAME	
STREET ADDRESS	13766 MANADARIN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERS, TIMOTHY D.	5.2 NAME	
STREET ADDRESS	4500 SALISBURD ROAD, SUITE 160	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:**

*Clyde N. Wells, Jr.*  
Clyde N. Wells, Jr.  
SIGNING OFFICER OR DIRECTOR

**January 25, 1996**

**904-262-0600**

Date

Daytime Phone #

CR2E034 (12/95)