SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 13 AM 8:39

DOCUMENT # **854886** **(9)**

1. Corporation Name

SOUTHERN RESEARCH INCORPORATED

Principal Place of Business	Mailing Address
3584 MERCANTILE AVENUE P.O. BOX 7459 NAPLES FL 33942-3310 US	P.O. BOX 7459 NAPLES FL 33941 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/07/1982**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: **65-0007343** ☐ 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 unpaid tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZAISER, L.E.
P O BOX 7459
3584 MERCANTILE AVE
NAPLES FL 33942

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	C/D	☒ Change ☐ Addition
NAME	ZAISER, LENOIR E	12 NAME		
STREET ADDRESS	550 ADMIRALITY PARADE W	13 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	P/D	☒ Change ☐ Addition
NAME	MOORE, BROOKS E. JR	22 NAME		
STREET ADDRESS	1201 SPYGLASS LANE	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	~~SV~~	31 TITLE		☒ Change ☐ Addition
NAME	~~ZAISER, STEPHENIA~~	32 NAME		
STREET ADDRESS	~~1101 ORD CT S~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE	S/T/V	☐ Change ☒ Addition
NAME		42 NAME	SPENCER, MARVIN F	
STREET ADDRESS		43 STREET ADDRESS	3584 MERCANTILE AVE	
CITY-ST-ZIP		44 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	SHERIDAN, STAN R., III	
STREET ADDRESS		53 STREET ADDRESS	408 WEST AVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	NAPLES, FL 33963	
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	WYANT, JEFFREY A	
STREET ADDRESS		63 STREET ADDRESS	1101 CARA COURT	
CITY-ST-ZIP		64 CITY-ST-ZIP	MARCO ISLAND, FL 33937	

CR2E034 (3/95)

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)(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 Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 6/9/95 941-643-6565
SIGNATURE AND TYPED OR PRINTED NAME OF E[illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #

MARVIN F. SPENCER

0102107 FP