

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 854886 (9)  
1. Corporation Name  
SOUTHERN RESEARCH INCORPORATED

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

Mailing Address  
P.O. BOX 7459  
NAPLES FL 34101-7459  
US

3. Date Incorporated or Qualified 12/07/1982	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0007343	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3784 MERCANTILE AVE. Suite, Apt. #, etc.	2a. Mailing Address 26 3784 MERCANTILE AVE. Suite, Apt. #, etc.
22 City & State 23 NAPLES, FL	27 City & State 28 NAPLES, FL
24 Zip 34104	25 Country US
29 Zip 34104	30 Country US

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 (NO CHANGE) 82 Street Address (P.O. Box Number is Not Acceptable) 3784 MERCANTILE AVE 83 84 City NAPLES FL 85 Zip Code 34104
---	---

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 *Lenoir E. Zaiser* LENOIR E. ZAISER 1-31-97  
Signature of person making or accepting appointment (and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZAISER, LENOIR E 550 ADMIRALTY PARADE W NAPLES, FL 00000	*1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, BROOKS E. JR 1201 SPYGLASS LANE NAPLES FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV SPENCER, MARVIN F 3584 MERCANTILE AVE NAPLES FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERIDAN, STAN R III 408 WEST AVE NAPLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYANT, JEFFREY A 1101 CARA CT MARCO ISLAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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: *Marvin F. Spencer* MARVIN F. SPENCER 1-31-97 941 643-6565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)