SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1395. AMOUNT DUE ON OR BEFORE \$/\$75: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375) FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 **DIVISION OF CORPORATIONS** DOCUMENT # (4) Corporation Name RECORD RESEARCH, INC. Principal Place of Business Mailing Address 408-13TH STREET W. (WEST DOOR) 406-13TH STREET W. (WEST DOOR) P.O. BOX 1852 P.O. BOX 1852 DO NOT WRITE IN THIS SPACE **BRADENTON FL 34205-7533** BRADENTON FL 34205-7533 3a. Date of Last Report 3. Date Incorporated or Qualified 04/22/1994 05/26/1981 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2146903 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zıo Country This cornoration has liability for intandible tax under s. 199.032, Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MANSON, JOHN L. Street Address (P.O. Box Number is Not Acceptable) 82 408-13TH STREET W. (WEST DOOR) 83 **BRADENTON FL 34205** Zip Code City 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 Skyrulure, typed or printed name of registered agent and title # approachio (NOTE: Registered Agent signature required when renstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1 1 TITLE Change TITLE DOOLITTLE, SUE G NAME 12 NAME 406-13TH STREET WEST 1.3 STREET ADDRESS STREET ADDRESS BRADENTON, FL 00000 14 CITY - ST - 2IP CITY - ST - ZIP Addition Change TITLE 2 1 TITLE MANSON, JOHN L NAME 22 NAME 406 13TH STREET WEST STREET ADDRESS 23 STHEET ADDRESS BRADENTON, FL 00000 CITY - ST - ZIP 24 CITY - ST - ZIP Change Addition AVD 31 TITLE TITLE MILLER, MARY E 32 NAME **406-13TH STREET WEST** STREET ADDRESS 33 STREET ADDRESS BRADENTON, FL 00000 CITY - ST - ZIP 34 CITY - ST - ZIP Change Addition TITLE 41 MILE 4.2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY - ST - ZIP Change Addition MILE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADORESS 5.4 CITY ST-7IP CITY ST ZIP Change Addition TIPLE 6111111 NAME 6.2 HAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY ST ZIP CITY ST 71P

14. I do hordby cartify 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 1 furnished cartify 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 eath; that I am an officer or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name.

and, or on an attachment with an address

TYPED ON PROITED HAME OF MONING OFFICER OR DIRECTOR

appears in Block 12 or Bloc

SIGNATURE:

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_ '	Place of Business		2a. 25	Mailing Address			4. FEI Number 59-210678		·	Ap	plied For at Applicable
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City & Stat	te		28	City & State			6. Election Campa Trust Fund Con	•		\$5.00 Added t	
Zip 4	[25]	Country		Zip	30 Co	untry	This corporation Florida Statutes	n has liability for it	ntangible tax	cunders. 19	99.032,
<u>-</u>	9. Name and	Address of Current	Regist	ered Agent		81 Name	10. Name and Ad	dress of New R	ogistored A	gent	
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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375) FUED STATE OF STATE O FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State SI ." NOO 7" 5 73 1995 **DIVISION OF CORPORATIONS (7**) **DOCUMENT # F40697** REDISH INSURANCE AGENCY, INC. Principal Place of Business Mailing Address C/O ERNEST R. REDISH C/O ERNEST R. REDISH 316 BOND ST. 104 S. BOND ST DO NOT WRITE IN THIS SPACE **CLEWISTON FL 33440** CLEWISTON FL 33440 Date Incorporated or Qualified 3a. Date of Last Report 07/21/1981 <u>01/27/1994</u> Applied For 2. Principal Place of Business 2a. Mailing Address 59-2108709 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 g. This corporation has liability for intengible tax under s. 199 032 710 Country Ŭ№ ☐ Yes 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name REDISH, ERNEST R. Street Address (P.O. Box Number is Not Acceptable) 316 BOND ST. 83 **CLEWISTON FL 33440** 85 Zip Code 84 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment ar registered agent. I am farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typeri or printed name of registered agent and life if applicable (NOTE: Registered Agent aignature required when reinstalling) (3/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1 1 TITLE Change Addition TITLE REDISH, ERNEST R 1.2 NAME R2E034 NAME 104S. BOND ST. 13 STREET ADDRESS STREET ADDRESS **CLEWISTON FL** 14 CITY ST-ZIP CITY-ST-ZIP Change Addition 21 TITLE TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST - ZIP Change ___ Addition TITLE 3 1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST - ZIP 3 4 CITY - ST - ZIP Addition Change 4 1 HILE TITLE 4.2 RAME NAME 43 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY - ST - ZIP Change Addition 5 t liftE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY ST ZIP CITY ST ZIP Change Addition 6 I TITLE TITLE MAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 earth; that I am an officer or director of the corporation or the reculver or Instead proposes in Block 12 or Block 13 if changed, of on an attachment with a ruled oss.

SIGNATURE: EIGHTATURE AND TYPES OR PHINTED NAME OF BIOMING OFFICER OIL DIRECTION

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