

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO REINSTATE: \$275)

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:22

DOCUMENT # F93000001094 (2)

1. Corporation Name

ACCUDATA MARKET RESEARCH, INC.

Principal Place of Business

Mailing Address

**1036 OAKHAVEN RD.
MEMPHIS TN 38119**

**1036 OAKHAVEN RD.
MEMPHIS TN 38119**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/01/1993	3a. Date of Last Report 04/14/1994
4. FEI Number 62-1401081	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
7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUGHAN, SCOTT MASON
1970 MICHIGAN AVE.
BLDG. C
COCOA FL 32922**

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

Signature must be printed name of registered agent and the corporation

NOTE: Registered Agent signature required when amending

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS	1.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, CHRISTOPHER J	1.2 NAME	
STREET ADDRESS	1036 OAKHAVEN RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	MEMPHIS TN 38119	1.4 CITY, ST, ZIP	
TITLE	DVCP	2.1 TITLE	☐ Change ☐ Addition
NAME	BERRY, ELIZABETH M.A.	2.2 NAME	
STREET ADDRESS	1036 OAKHAVEN RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MEMPHIS TN 38119	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BAUGHAN, VICTORIA J	3.2 NAME	
STREET ADDRESS	1970 MICHIGAN AVE., BLDG. C	3.3 STREET ADDRESS	
CITY, ST, ZIP	COCOA FL 32922	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 1110.07(3)(a), 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:

Christopher J. Berry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.J. BERRY

6/19/95

743-0405
(Signature Office)

CR2E034 (3/95)