


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000005899 (8)**

1. Corporation Name

MISSION RESEARCH CORPORATION

Principal Place of Business

**147 JOHN SIMS PKWY
VALPARAISO FL 32580**

Mailing Address

**147 JOHN SIMS PKWY
VALPARAISO FL 32580**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1995

4. FEI Number

95-2659854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD SOWLE, DAVID H**
STREET ADDRESS **2020 LAS CANOAS**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE ☐ DELETE

NAME **PD GUTSCHE, STEVEN L**
STREET ADDRESS **4655 VIA BENDITA**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE ☒ DELETE

NAME **VD LUBELL, JERRY**
STREET ADDRESS **1975 OAK HILLS DRIVE**
CITY-ST-ZIP **COLORADO SPRINGS CO**

TITLE ☐ DELETE

NAME **VD BIGONI, ROBERT A**
STREET ADDRESS **149 VEREDA LEYENDA**
CITY-ST-ZIP **GOLETA CA**

TITLE ☐ DELETE

NAME **S FRIES, SCOT**
STREET ADDRESS **5227 CALLE CRISTOBOL**
CITY-ST-ZIP **SANTA BARBARA CA**

TITLE ☐ DELETE

NAME **TD LISHMAN, JOHN B**
STREET ADDRESS **111 ALPINE DR**
CITY-ST-ZIP **GOLETA CA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURE

14. I 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:

JOHN B. LISHMAN **TREASURE** **1/6/98 805963876/**

CR2E034 (10/97)