

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 APR 21 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |
|---|---|---|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # G20201 (1)**

1. Corporation Name  
**DATA TECHNICAL RESEARCH, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>2980 HARTLEY RD.<br/>JACKSONVILLE FL 32257</b> | Mailing Address<br><b>2980 HARTLEY RD.<br/>JACKSONVILLE FL 32257</b> |
|--|--|

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>01/25/1983</b> | 3a. Date of Last Report<br><b>03/01/1994</b> |
|--|--|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2290538</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |                                    |
|--|------------------------------------|
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

AS OF 05-01-95

|   |  |
|---|--|
| 2. Principal Place of Business<br>21 <b>8653 Baypine Road</b> | 2a. Mailing Address<br>26 <b>8653 Baypine Road</b> |
|---|--|

|  |  |
|--|--|
| Suite, Apt. #, etc.<br>22 <b>Suite 100</b> | Suite, Apt. #, etc.<br>27 <b>Suite 100</b> |
|--|--|

|  |  |
|--|--|
| City & State<br>23 <b>Jacksonville, FL</b> | City & State<br>28 <b>Jacksonville, FL</b> |
|--|--|

|                             |                            |                             |                            |
|-----------------------------|----------------------------|-----------------------------|----------------------------|
| Zip<br>24 <b>32256-7516</b> | Country<br>25 <b>Duval</b> | Zip<br>29 <b>32256-7516</b> | Country<br>30 <b>Duval</b> |
|-----------------------------|----------------------------|-----------------------------|----------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, WILLIAM P.  
121 W FORSYTH ST STE 900  
JACKSONVILLE FL 32201-1548**

|   |           |
|---|-----------|
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |
|-----------------|--------------------------|
| TITLE           | <b>PD</b>                |
| NAME            | <b>DUDLEY, DANIEL P.</b> |
| STREET ADDRESS  | <b>2980 HARTLEY RD.</b>  |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>   |
| TITLE           | <b>ST</b>                |
| NAME            | <b>RUSS, WILLIAM C.</b>  |
| STREET ADDRESS  | <b>2980 HARTLEY RD.</b>  |
| CITY - ST - ZIP | <b>JACKSONVILLE FL</b>   |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |
| TITLE           |                          |
| NAME            |                          |
| STREET ADDRESS  |                          |
| CITY - ST - ZIP |                          |

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>8653 Baypine Road, Suite 100</b>  |
| 1.4 CITY - ST - ZIP | <b>Jacksonville, FL 32256-7516</b>   |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  | <b>8653 Baypine Road</b>   |
| 2.4 CITY - ST - ZIP | <b>Jacksonville, FL 32256-7516</b>   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 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 118.07(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 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

904-292-4387

(Date)

(Typed Name)