

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Mettman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:24

DOCUMENT # **H07490** (6)

1. Corporation Name:
SYSTEMS RESEARCH & ANALYSIS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **4130 N. CANAL STREET P O BOX 12248 JACKSONVILLE FL 32209**

Mailing Address: **4130 N. CANAL STREET P O BOX 12248 JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified: **06/12/1984**

3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. State, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** Country: **29**

30. Country

4. FEI Number: **59-2967233**

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

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

9. Name and Address of Current Registered Agent

**REMSEN, PAUL K.
2327 BROADMOOR LN.
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

**6756 LINFORD LANE
JACKSONVILLE, FL 32217**

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] DATE: **1-16-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REMSEN, PAUL K.
STREET ADDRESS	2327 BROADMOOR LN.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6756 LINFORD LANE
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or application for 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, 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: [Signature] DATE: **1-16-95**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR: **PAUL K. REMSEN**