FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H89591** **(2)**

1. Corporation Name

AGENTS RESEARCH, INC.

Principal Place of Business	Mailing Address
4418 W FERN ST TAMPA FL 33614	4418 W FERN ST TAMPA FL 33614

2. Principal Place of Business	2a. Mailing Address
21 3234 LAKE PADGETT DR	26 P.O. BOX 1758
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAND O LAKES, FL	28 City & State: LAND O LAKES, FL
24 Zip: 34639 25 Country: USA	29 Zip: 34639 30 Country: USA

3. Date Incorporated or Qualified: 12/12/1985

3a. Date of Last Report: 04/20/1995

4. FEI Number: 59-2618229 ☐ 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

GENTRY, LEWYS E., SR.
4418 W FERN ST
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable): 3234 LAKE PADGETT DR

83

84 City: LAND O LAKES FL 85 Zip Code: 34639

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 _____ (NOTE: Registered Agent Signature Required) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, LEWYS E., SR.		1.2 NAME	
STREET ADDRESS	4418 W FERN ST		1.3 STREET ADDRESS	3234 LAKE PADGETT DR.
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	LAND O LAKES FL 34639
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, MARILYN		2.2 NAME	
STREET ADDRESS	4418 W FERN STREET		2.3 STREET ADDRESS	3234 LAKE PADGETT DR.
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 Lewys E. Gentry Jr. Lewys E. GENTRY, SR. DP 3-12-96 813-996-4582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #