

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90173 039 \*\*\*150.00

DOCUMENT # K40767

1. Corporation Name

FLORIDA RECORDS RESEARCH CORPORATION

Principal Place of Business

2523 APALACHEE PKWY  
SUITE C  
TALLAHASSEE FL 32301  
US

Mailing Address

PO BOX 10825  
TALLAHASSEE FL 32301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1988

4. FEI Number

59-2914684

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

OLIVE, CAROLYN D.  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2120 Killarney Way

83 City

Tallahassee

FL

85 Zip Code

32308

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]*

*[Signature]*

1/19/99

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 TAYLOR, GARY M.

STREET ADDRESS 2523 APALACHEE PKWY SUITE C

CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME TAYLOR, GARY M.

STREET ADDRESS 2523 APALACHEE PKWY SUITE C

CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME TAYLOR, JO K.

STREET ADDRESS 2523 APALACHEE PKWY, SUITE C

CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1357 East Lafayette St.

1.4 CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1357 East Lafayette St.

2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1357 East Lafayette St.

3.4 CITY-ST-ZIP TALLAHASSEE FL 32301

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

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, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
Vice President

1/19/99

850/942-0545  
Date Daytime Phone #

CR2E034 (11/98)

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