SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L69914** **(4)**

1. Corporation Name

RESEARCH VERIFICATION CORPORATION OF FLORIDA, INC.
~~ORPORATED~~ delete

Principal Place of Business	Mailing Address
P.O. BOX 2634 PONTE VEDRA BEACH FL 32004-2634 US	P O BOX 2634 PONTE VEDRA BEACH FL 32004 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-3008993 ☐ 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

O'NEILL, KAREN, B
1009 21ST ST N
JACKSONVILLE BCH FL 32250

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	delete	☐ Change ☐ Addition
NAME	~~NOLAN, JOSEPH E.~~ delete	12 NAME	NOLAN, Joseph E.	
STREET ADDRESS	~~P.O. BOX 51389 N/A~~	13 STREET ADDRESS		
CITY ST ZIP	~~JACKSONVILLE BCH FL~~	14 CITY ST ZIP		
TITLE	VD	21 TITLE	P D S	☒ Change ☐ Addition
NAME	NOLAN, MATTHEW	22 NAME	NOLAN, matthew	
STREET ADDRESS	23 SEA TROUT ST	23 STREET ADDRESS	23 Sea Trout St.	
CITY ST ZIP	PONTE VEDRA BEACH FL	24 CITY ST ZIP	Ponte Vedra Bch. Fl 32082	
TITLE		31 TITLE	■T DVP	☐ Change ☒ Addition
NAME		32 NAME	Kymberly Traylor NOLAN	
STREET ADDRESS		33 STREET ADDRESS	23 Sea Trout St.	
CITY ST ZIP		34 CITY ST ZIP	Ponte Vedra Bch. Fl 32082	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 address.

SIGNATURE: Matthew J. Nolan — matthew Nolan — President — 8/30/95 — 904-273-6288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0122307 FP