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

1. Corporation Name
RESEARCH VERIFICATION CORPORATION OF FLORIDA INC ORPORATED

Principal Place of Business
P.O. BOX 2834
PONTE VEDRA BEACH FL 32004-2834
US

Mailing Address
P O BOX 2834
PONTE VEDRA BEACH FL 32004
US

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 08/07/1995

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

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip 30 Country

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TDVP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	NOLAN, KYMBERLRY TRAY		1.2 NAME	NOLAN, Kymberly T.
STREET ADDRESS	23 SEA TROUT ST		1.3 STREET ADDRESS	2235 E. Ironstone Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL		1.4 CITY-ST-ZIP	JACKSONVille, FL 32246
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	NOLAN, MATTHEW		2.2 NAME	
STREET ADDRESS	23 SEA TROUT ST		2.3 STREET ADDRESS	2235 E. Ironstone Dr.
CITY-ST-ZIP	PONTE VEDRA BEACH FL		2.4 CITY-ST-ZIP	JACKSONVille, FL 32246
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	

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: Kymberly T. Nolan Vice President 4/16/96 (904)565-9012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)