

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 # **M90900** (5)

1. Corporation Name

**DATA RESEARCH CONSULTANTS, INC.**



Principal Place of Business

**1760 SHADOWOOD LANE, STE. 405  
JACKSONVILLE FL 32207**

Mailing Address

**1760 SHADOWOOD LANE, STE. 405  
JACKSONVILLE FL 32207**

2. Principal Place of Business

**21 906 Acapulco Road**  
Suite, Apt. #, etc.

**22**

City & State

**23 Jacksonville, FL**

Zip

**24 32216**

Country

**25 Duval**

2a. Mailing Address

**26 P.O. Box 19893**  
Suite, Apt. #, etc.

**27**

City & State

**28 Jacksonville, FL**

Zip

**29 32245-0893**

Country

**30 Duval**

3. Date Incorporated or Qualified

**07/26/1988**

3a. Date of Last Report

**06/14/1995**

4. FEI Number

**59-2900650**

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

**MAXWELL, RONALD W.  
4811 ATLANTIC BLVD, STE 4  
JACKSONVILLE FL 32207-9129**

81 Name

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

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D WILMOT, ROBERT D.  
906 ACAPULCO ROAD  
JACKSONVILLE FL**

TITLE ☐ DELETE

**D WILMOT, SUSAN S.  
906 ACAPULCO ROAD  
JACKSONVILLE FL**

TITLE ☐ DELETE

**D WILMOT, ROBERT D., JR.  
12007 NICKLAUS CIRCLE  
TAMPA FL**

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 registered 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 to this address.

SIGNATURE: **Robert D. Wilmot, President** 4/29/96 (04)721-8545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)