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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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## **FILED** May 01 1998 8:00am Secretary of State

	RESEARCH CONSULTANT	(-)		
Principal Plac	ce of Business	Mailing Address		
906 ACAPULCO RD JACKSONVILLE FL 32216		PO BOX 19893 JACKSONVILLE FL 32245-0893		
US		US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal f	Place of Business	2a. Mailing Address		07/26/1988 4. FEI Number   Applied For
21		26		4. FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25] 9. Name and Address of Curre	29	30	Personal Property Tax due June 30. Yes No
14	AXWELL, RONALD W.	air pahistalan Wasut	81 Nam	10. Name and Address of New Registered Agent
	AAMELL, RONALD W. 311 ATLANTIC BLVD, STE 4			
	ACKSONVILLE FL 32207-9129		B2 Stree	et Address (P.O. Box Number is Not Acceptable)
J.	OUGOIANITE LE 25501-8158		83	
,				
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,05	02 and 607.1508, Florida Stal	tutes, the above-name	od corporation submits this statement for the purpose of changing its registered
office or agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change wa gations of, Section 607.0505,	s authorized by the co Florida Statutes	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
12.	Signature, typed or printed name of registered a		OTE: Registered Agent signal	
TITLE	DITICERS AF	ND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	WILMOT, ROBERT D.	נן טונניונ		L Change Addition
STREET ADDRESS	906 ACAPULCO ROAD		1.2 NAME 1.3 STHEET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL			
TITLE	D	DELETE	1.4 City-St-ZIP 2.1 TiTLE	Change Addition
NAME	WILMOT, SUSAN S.		2.2 NAME	C Change C Addition
STREET ADDRESS	906 ACAPULCO ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY - ST - ZIP	
TITLE	D	DELETÉ	3.1 TITLE	Change Addition
NAME	WILMOT, ROBERT D., JR.		3.2 NAME	
STREET ADDRESS	12007 NICKLAUS CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	. = . =	3.4. CITY-ST-ZIP	
THILE	2	☐ 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		Detete.	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T perere	5.4 CITY - ST - ZIP	
NTLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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 minual report is true and accurate and that my signature shall have the same tegal effect as if made under oath; that I am an officer or director of the corporation or the deciver 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 a latta timent with an address.