## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 07, 2004 8:00 am Secretary of State DOCUMENT # M90900 04-07-2004 90017 021 \*\*\*150.00 DATA RESEARCH CONSULTANTS, INC. Principal Place of Business Mailing Address 906 ACAPULCO RD PO BOX 19893 JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32245-0893 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2900650 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAXWELL, RONALD W. MAXWELL, RONALD W. Street Address (P.O. Box Number is Not Acceptable) 4811 ATLANTIC BLVD, STE 4 JACKSONVILLE, FL 32207-9129 1821 UNIVERSITY BLVD. City Zip Code JACKSONVILLE 32211-4523 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition WILMOT, ROBERT D. NAME NAME STREET ADDRESS 906 ACAPULCO ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition WILMOT, SUSAN S. NAME STREET ADDRESS 906 ACAPULCO ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP TITLE Delete TITLE X Change Addition WILMOT, ROBERT D., JR. WILMOT, ROBERT D., JR. NAME NAME 12007 NICKLAUS CIRCLE 105 E. GARLAND CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TAMPA, FL 33613-182 TITLE Defete TITLE ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT! F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. Robert D. Wilmot (904)-721-8545 SIGNATURE:

**FILED** 

Daytime Phone #