


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 11 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| <b>NONPROFIT CORPORATION<br/>ANNUAL REPORT<br/>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N15194 (6)**  
 1. Corporation Name  
**SOUTHERN RESEARCH CENTER, INCORPORATED**



|  |  |
|--|--|
| Principal Place of Business<br><b>221 CIRCLE DR<br/>QUINCY FL 32353-0001</b> | Mailing Address<br><b>P.O. BOX 1<br/>QUINCY FL 32353</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| <b>3. Date Incorporated or Qualified</b><br><b>06/02/1986</b>   | <b>3a. Date of Last Report</b><br><b>07/03/1996</b>    |
| <b>4. FEI Number</b><br><b>59-2701756</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |                               |
|--|-------------------------------|
| <b>21</b> 2. Principal Place of Business | <b>26</b> 2a. Mailing Address |
| Suite, Apt. #, etc.                      | Suite, Apt. #, etc.           |
| <b>22</b> City & State                   | <b>27</b> City & State        |
| <b>23</b> Zip Country                    | <b>28</b> Zip Country         |
| <b>24</b> <b>25</b>                      | <b>29</b> <b>30</b>           |

**9. Name and Address of Current Registered Agent**

**LENWOOD HERRON  
221 CIRCLE DR.  
QUINCY FL 32351**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>B1</b> Name   |
| <b>B2</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>B3</b>  |
| <b>B4</b> City <b>FL</b> <b>B5</b> Zip Code                  |

**11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |   |
|----------------|---|
| TITLE          | <b>PT</b> <input type="checkbox"/> DELETE |
| NAME           | <b>DEBORAH BRIDGEFORTH</b>                |
| STREET ADDRESS | <b>221 CIRCLE DR.</b>                     |
| CITY-ST-ZIP    | <b>QUINCY FL</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>PEOPLES, DAVID</b>                     |
| STREET ADDRESS | <b>517 WEST LINCOLN ST.</b>               |
| CITY-ST-ZIP    | <b>QUINCY FL</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>LANGSTON, BARBARA</b>                  |
| STREET ADDRESS | <b>211 N. JOHN ST.</b>                    |
| CITY-ST-ZIP    | <b>NEW BROCKTON AL</b>                    |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> DELETE           |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|  |
|--|
| <b>1.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>1.2</b> NAME  |
| <b>1.3</b> STREET ADDRESS  |
| <b>1.4</b> CITY-ST-ZIP   |
| <b>2.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>2.2</b> NAME  |
| <b>2.3</b> STREET ADDRESS  |
| <b>2.4</b> CITY-ST-ZIP   |
| <b>3.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>3.2</b> NAME  |
| <b>3.3</b> STREET ADDRESS  |
| <b>3.4</b> CITY-ST-ZIP   |
| <b>4.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>4.2</b> NAME  |
| <b>4.3</b> STREET ADDRESS  |
| <b>4.4</b> CITY-ST-ZIP   |
| <b>5.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>5.2</b> NAME  |
| <b>5.3</b> STREET ADDRESS  |
| <b>5.4</b> CITY-ST-ZIP   |
| <b>6.1</b> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>6.2</b> NAME  |
| <b>6.3</b> STREET ADDRESS  |
| <b>6.4</b> CITY-ST-ZIP   |

**14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE** \_\_\_\_\_ **SIGNATURE REQUIRED**

CP2E037 (4/97)