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Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000027438 (9)

1. Corporation Name  
KIRK RESEARCH SERVICES, INC.



Principal Place of Business: 4525 ROOSEVELT BLVD. JACKSONVILLE FL 32210  
Mailing Address: 4525 ROOSEVELT BLVD. JACKSONVILLE FL 32210-3338

3. Date Incorporated or Qualified: 04/13/1993  
3a. Date of Last Report: 04/30/1996  
4. FET Number: 59-3185985  
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. 4521 Atlantic Blvd  
22. D  
23. Jacksonville FL  
24. 32207  
25. Country  
2a. Mailing Address:  
26. 4521 Atlantic Blvd  
27. D  
28. Jacksonville FL  
29. 32207  
30. Country

9. Name and Address of Current Registered Agent  
FREEDMAN, NORMAN P.  
525 NORTH NEWMAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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

12. OFFICERS AND DIRECTORS  

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KIRK, HAZEL	
STREET ADDRESS	4525 ROOSEVELT BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	KIRK, REBECCA	
STREET ADDRESS	4525 ROOSEVELT BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIRK, STEVE	
STREET ADDRESS	4525 ROOSEVELT BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
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  

1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4521 Atlantic Blvd	
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32207	
2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	"	
2.4 CITY - ST - ZIP		
3.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	"	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Change of add	
4.4 CITY - ST - ZIP	only	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE: Rebecca A. Kirk Rebecca A. Kirk 3-21-97 904-858-3200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)