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Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000046778 (5)

1. Corporation Name
DATA MANAGEMENT AND RESEARCH, INC.

Principal Place of Business

2013 N.E. 55TH BLVD
GAINESVILLE FL 32641
US

Mailing Address

2013 N.E. 55TH BLVD
GAINESVILLE FL 32641
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1993

4. FEI Number

59-3189645

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

ROBERTS, RAYMON F.
2013 N.E. 55TH BLVD
GAINESVILLE FL 32641

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D BARBER, CHARLES E JR
STREET ADDRESS
CAREY BARBER RD
CITY-ST-ZIP
MACCLENNY FL 32063

TITLE ☐ DELETE

NAME
P ROBERTS, RAYMON
STREET ADDRESS
2013 NE 55TH BLVD
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☐ DELETE

NAME
ST BARBER, CHERRY E
STREET ADDRESS
CAREY BARBER RD
CITY-ST-ZIP
MACCLENNY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMON F. ROBERTS

January 10, 1998

352-371-6523

Date

Daytime Phone # 0062888

CR2E034 (10/97)