

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90077 035 \*\*\*150.00

DOCUMENT # P95000051124

1. Corporation Name

INTERNATIONAL RESEARCH BUREAU, INC.



Principal Place of Business

1331 EAST LAFAYETTE STREET  
SUITE A&B  
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 14189  
TALLAHASSEE FL 32317-4189

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1995

4. FEI Number

65-0589308

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1311 EXECUTIVE CENTER DR.

Suite, Apt. #, etc.

22 SUITE 109

City & State

23 TALLAHASSEE FL

Zip

24 32301

Country

25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SKROVE, DEBORAH A  
1331 EAST LAFAYETTE STREET  
SUITE A&B  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

1311 EXECUTIVE CENTER DRIVE

83 SUITE 109

84 City TALLAHASSEE

FL

85 Zip Code

32301

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

4-6-99

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME SKROVE, DEBORAH A  
STREET ADDRESS 1331 EAST LAFAYETTE STREET, SUITE A&B  
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD ☐ DELETE  
NAME GOODWIN, DARRELL K  
STREET ADDRESS 1331 EAST LAFAYETTE STREET, SUITE A&B  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☐ DELETE  
NAME LOWERY, DAVID W  
STREET ADDRESS 1331 E. LAFAYETTE ST., SUITE A&B  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☒ Change ☐ Addition  
1.2 NAME SKROVE, DEBORAH A.  
1.3 STREET ADDRESS 1311 EXECUTIVE CENTER DR # 109  
1.4 CITY-ST-ZIP TALLAHASSEE FL 32301

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME GOODWIN, DARRELL K.  
2.3 STREET ADDRESS 1311 EXECUTIVE CENTER DR # 109  
2.4 CITY-ST-ZIP TALLAHASSEE FL 32301

3.1 TITLE V/D ☒ Change ☐ Addition  
3.2 NAME LOWERY, DAVID W.  
3.3 STREET ADDRESS 1311 EXECUTIVE CENTER DR # 109  
3.4 CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 750-668-7347

CR2E034 (11/98)