

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State*
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073210**1. Corporation Name

THE RESEARCH CONSORTIUM, INC.

Princip₁ Place of Business 4050 64TH ST N ST PETEPSBURG FL 33709 Mailing Address

4050 64TH ST N ST PETERSBURG FL 33708

FILED

00 MAY -8 AM 10: 37

SECRETARY OF STATE, TALLIAMASSEE, FLORIDA

REINSTATEMENT 90-00

							09/20/1995					
2. Principal Place of Business			2a, Mailing Address				4. FEI Number, Applied Fo]
1			26				59-334056	3		No	t Applicable]
Suite, Apt. #, etc.			Suite, Apt. #, etc.					Ī	<i>~</i>	\$8.75	Additional]
27							5. Certificate of S	Status Desireo		Fee Re	quired]
City & State City & State							6, Election Cam	paign Financing		\$5.00	May Be	1
23 23							Trust.Fund.Co			Added		{
Zip Country Zip					ntry		8. This corporation owes the current year Intangible					
<u>ਜ</u> ਼ਾਂ .	25	9 30			•	Personal Property Tax.						
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
	S. Name and Addit	sa di Guileik Rei	States Addis		81 1	Name						1
FREY, JAMES W												4
4050 64TH ST N					82 Street Address (P.O. Box Number is Not Acceptable)							1
ST PETERSBURG FL 33709					92							1
31 PETERODORIO PE 33703					83							1
						City				85 Zip (Coda	7
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or being in/the State of Florida. Such change was authogent, I am familiar with, and accept the obligations of, Section 607.0505, Florida.												1
11. Pursuant	to the provisions of Sec	tions 007.0502 and	1 607.1508, Florida Statutes	, the al	bove-n	arned corpo	ration submits this s	statement for the	purpose of c	nanging its	registered	}
n to eartho	egis eted agent, or both	, in/the State of Flo	orida. Such change was aut of Section 607,0505. Florid	norizeo la Stati	ites.	e corporation	s board of director	S. I HOIGHY ACCO	prute appoin	U196111 22 16	Aisrei ea	}
			X					$\langle S/S \rangle$	100			{
SIGNATURE	Signatule (Model or printing Ham	e of required agent and t	ide (applicable. (NOTE: R	ecistered	Apent se	grature required	when remetating)		DATE] 🕾
12.		FFICERS AND DI		13.			ADDITIONS/CI	HANGES TO OF	FFICERS AND	DIRECTO	RS IN 12] ₹
TITLE	0		DELETE	1,1 TITLE						Change	☐ Addition	CR2E034 (11/98)
NAME	FREY, JAMES W			1.2 NAME		. }		•				Z
بياسيد يتد	4050 64TH ST N		· ` `	1.3 STREET ADO		YOURS	·	<u>.</u>	-	•	•	
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.4 CITY-ST-ZIP							122	
CITY-ST-ZIP	ST PETERSBURG FL 33709		DELETE	21 TITLE						Change	Addition	15
TIFLE			. Dereie			{				_		ì
NAME				22 NAME		- 1		9000	832!	511	90-	
STREET ADDRESS	REET ADDRESS					DORESS		-1	5/12/0	7011	100	1
CITY-ST-ZIP	XTY-ST-ZIP			2.4 CITY-ST-ZIP		OP						⊣
nnte			☐ DELETE	3.1 TITLE		ļ		. **	*** (50)	ITT: Change:	* # Accomoli	1,00
NAME				32 NAME		- (ĺ
STREET ADDRESS			-	3.3 STREET		ORESS		1				
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZI						<u> </u>	-	_
TIFLE			DELETE	4.170	LE ~		فسيها فلسيحاث ليسميها فلاساء			Change -	[] Addition	
NAME				4,2 NAME		ļ						1
				4.3 STREET ADDRESS								
STREET ADDRESS			4.4 CITY-ST-ZIP								1	
CITY-ST-ZIP			□ DELETE	51 TT						Change	Addition	1
TITLE			L] OLLETE	5.2 NA		1					~ _ ~	1
NAME		•			reet ad	VDOCSE						1
STREET ADDRESS												1
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		-	Y-ST-Z	P				Cloberne	Addition	-
TITLE			☐ DELETE	6.1 TH		ì				☐ Change	P ∰	
NAME				62 NA	ME	{				•	SY	1
STREET ADDRESS	n			6.3 51	REETAO	ORESS				•	- -	1
CITY-ST-7IP					ry-57-21]
	ertify that the information	on supplied with thi	s filing does not qualify for the	e exer	mption	stated in Se	ection 119.07(3)(i),	Florida Statutes	I further certi	y that the i	nformation	
indicated	on this annual report of	supplementar arm	a true per programment to exe	धाराह्य का संस्थान	ingi in	ny argmature :	shall have the same ad by Chapter 607	regal errect es Florida Statutes	n made under S and that my	name appe	ears in	
Block 12	or Block 13 if changed,	or on an approhime	nt with an address, with all o	ther lik	e emp	owered.	,,	7		·		

SIGNATURE:

HAMEN TYPED ON PRINTED HAME OF SIGNING DIFFICER ON DIFFECTOR

01/99 (727)394-9224