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FILED
Apr 09 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 # **P96000054250 (1)**

1. Corporation Name

ANALYTICAL RESEARCH SYSTEMS (ARS), INC.



Principal Place of Business

Mailing Address

12100 S HWY US 441
Micanopy FL 32667
US

POST OFFICE BOX 140218
GAINESVILLE FL 32614-0218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

59-3386389

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~~ has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANUKIAN, LLOYD S ESQ.
1534 KINGSLEY AVENUE
ORANGE PARK FL 32073

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PTD MANUKIAN, ARA
STREET ADDRESS
3857 SW 1ST AVE
CITY-ST-ZIP
GAINESVILLE FL 32607

TITLE ☐ DELETE

NAME
VD STROHSCHNEIN, RUDOLPH
STREET ADDRESS
ROUTE 2, BOX 83 HIGHWAY US 441
CITY-ST-ZIP
Micanopy FL 32667

TITLE ☐ DELETE

NAME
SD MANUKIAN, LLOYD S
STREET ADDRESS
7701 BAYMEADOWS CIRCLE WEST STE 1142
CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 the report as required by Chapter 60A, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ARA MANUKIAN
DESIGN ENGINEER
ANALYTICAL RESEARCH SYSTEMS

4-1-1998 (352)
466-0051

CR2E034 (10/97)