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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000057432 (2)

THT RESEARCH CORPORATION

Principal Place of Business Mailing Address								E SEDISODI IND IDITO ETITI DALIK O	Aldi Al dii	A DIOL BILLS		HIN HINLI	1841
14280 CARLSOI				14280 CARLSON CIRCLE									
TAMPA FL 39626				TAMPA FL 33626-3001				į.					
								3. Date Incorporated or Qua	alified	3a. Da	ate of Last	Beng	rt
								07/09/1996			-10 01 -111		.,
2. Principal P	lace of Busin	ness	28	2a. Mailing Addross				4. FEI Number			XX	Applie	d For
21				26				• •			h		oplicable
Sulte, Apt. #, etc.				Suite, Apt #, etc.				5. Certificate of Status Desi	rod.	П	\$8.75	Addi	itional
22				27				6. Cermicate of Status Desi	6u		Fee	Requir	red
City & State				City & State				6. Election Campaign Financing \$5.00 May Be					
23				28				Trust Fund Contribution					
Zip	Country			Zip Cou			ſ	8. This corporation has liabi				s. 199	9.032,
24	25 9. Name and Address of Current			lared Agent	ered Agent			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
1101			Tork Hogis	itorou Agoin		81	Name	IO. Italio Bito Addiese Of the	OW HO	gistored .	- Apolit		
MCNAMARA, THOMAS P						Ľ.							
2909 BAY TO BAY BOULEVARD SUITE 309 TAMPA FL 33629						62	Street A	Street Address (F.O. Box Number is Not Acceptable)					
						83							-
IMMI	PM FL 330	28											,
						84	City			FL	85 Zij	p Code	0
11. Pursuant	to the provis	sions of Sections 607.	0502 and 6	07.1508, Flori	da Statutes, the a	boy	c-named c	orporation submits this statement for	or the r		t changing	its re	gistered
office or r	egistered ag m familiar w	gent, or both, in the S ith, and accept the of	tate of Flori	da, Such char if Section 607	igė was authorize .0505. Etorida Sta	ed by	y the corpo	orporation submits this statement for oration's board of directors. I hereby	/ accep	ot the app	ointment a	as regi	istered
SIGNATURE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ong	., 044			.						l
SIGNATURE	Signature, typed	or printed name of registere	d agent and life	if applicable	(NOTE Register	во Ада	ent signature re	equired when reinstating)		DATE	- • •		
12.		OFFICERS	AND DIRE		13.		··	ADDITIONS/CHANGES TO	OFFIC	CERS AND			
TITLE	D			□ bi	ELETE 1.17	ITLE					∐ Change	; L.	Addition
NAME	DAVIS, RICHARD C JR			1.21									
STREET ADDRESS	F41404 Pt 66666						ADDRESS						
CITY-ST-ZIP	IAMPA F	L 33626		DE DE			I - ZIP				Ohann		T A state on a
TITLE				L., D							Change	, L.	Addition
NAME ATREET ADDRESS					2.7 M		Abbress						
STREET ADDRESS					1		ADDRESS						
CITY-ST-ZIP TITLE				□ DE			S1-ZIP				Change	e T	Addition
NAME					3.21						L. J Onong	, E.	J 7100-11011
STREET ADDRESS	1						ADDRESS						
CITY-ST-ZIP							ST-ZIP						
TITLE			 	DE			-				Change	3 L	Addition
NAME					4.2	NAME	}						_
STREET ADDRESS					4.3 E	TREET	ADDRESS						
CITY-ST-ZIP							ST-ZIP						
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NAME					5.2	IΑΜέ							
STREET ADDRESS	•				5.3 §	TREFI	ADDRESS						
CITY-ST-ZIP						HY-8	ST-ZIP						
TITLE	7			☐ DI							Change	s [Addition
NAME					6.2 N	IAME							
STREET ADDRESS					6.3 9	STREET	ADDRESS						

14. I do hereby certify that the information indicated on this annual I am an officer or director of the corappears in Block 12 or Block 13 if it

LA II HRICHARD ID. DAVIS

6.4 CITY-ST-ZIP

4/15/97

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the port or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

(813) 855-2775

FILED

May 12 1997 8:00am

Secretary of State

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