

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

DOCUMENT # P97000069992

1. Corporation Name

RASMUSSEN RESEARCH, INC.

Principal Place of Business

2706 S. HORSESHOE DR.
NAPLES FL 34104

Mailing Address

2706 S. HORSESHOE DR.
NAPLES FL 34104

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90001 030 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1997

4. FEI Number

59-3454013

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

21 219 COLONADE CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address

26 219 COLONADE CIRCLE
Suite, Apt. #, etc.

City & State

23 NAPLES, FL

Zip Country
24 34103 25 USA

City & State

28 NAPLES, FL

Zip Country
29 34103 30 USA

9. Name and Address of Current Registered Agent

O'NEILL, WILLIAM R
5551 RIDGEWOOD DR., STE. 201
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name WILLIAM F. RASMUSSEN
82 Street Address (P.O. Box Number is Not Acceptable)
219 COLONADE CIRCLE
83
84 City NAPLES FL 85 Zip Code 34103

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

William F. Rasmussen
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM F. RASMUSSEN Chairman

1/29/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME RASMUSSEN, WILLIAM F
STREET ADDRESS 2706 S. HORSESHOE DR.
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ DELETE
NAME RASMUSSEN, SCOTT W
STREET ADDRESS 2706 S. HORSESHOE DR.
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 219 COLONADE CIRCLE
1.4 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3201 SANDALWOOD LAKE
2.4 CITY-ST-ZIP WAXHAW, NC 28173

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

William F. Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chairman

1/29/99

Date

941-434-8640

Daytime Phone #

CR2E034 (11/98)