

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

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90001 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000032459**

1. Corporation Name  
**NATIONAL RESEARCH Specialists, Inc**

Principal Place of Business Mailing Address  
**1849 N CRYSTAL LAKE DR P.O. Box 92542**  
**LAKELAND, FL 33801 LAKELAND, FL**  
**33804**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 21 <b>LAKELAND, FL</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1849 Crystal Lake Dr</b> Suite, Apt. #, etc.	4. FEI Number <b>59-3506493</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>LAKELAND, FL</b> City & State Zip <b>33801</b> County <b>Polk</b>	28 <b>LAKELAND, FL</b> City & State Zip <b>33804</b> County <b>Polk</b>	6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**Chester Heiser**  
**5210 ST Rd 33 N**  
**LAKELAND, FL**

10. Name and Address of New Registered Agent

81 Name **Chester Heiser**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1849 N Crystal Lake Dr**  
83  
84 City **LAKELAND** FL 85 Zip Code **33801**

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

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>President</b>
STREET ADDRESS	<b>Chester Heiser</b>
CITY-ST-ZIP	<b>5210 ST 33 N LAKELAND, FL 33804</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VICE President</b>
STREET ADDRESS	<b>ARNA WILLIAMSON</b>
CITY-ST-ZIP	<b>2305 SYDNEY HAWK RD DOVER, FL 33527</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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 #

**Chester T. Heiser**

**6/22/99 941-686-5**

# National Research Specialists, Inc.

*Research on almost Anything, or  
Anyone, Anywhere in the Nation*

P.O. BOX 92542 ♦ LAKE LAND, FL 33804

LOCAL 941-686-5714 ♦ TOLL-FREE 800-840-9149 ♦ FAX 941-686-5310

06/22/1999

Florida Dept of State  
Katherine Harris  
Secretary of State  
Divisions of Corporations


~~To Whom It May Concern:~~

On the week ending 06/18/1999 I contacted the State offices and requested the filing form: Profit Corporations Annual Report.

It is noted I advised that I had not received the form(s) for last year (1998). It is further noted that this Corporation was established in 1998. I was advised to submit this letter as not to incur in Penalty fees.

If you have any questions, please do not hesitate to contact me at the listed phone.

Thank You,

  
Chester T. Heiser  
President