

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 # P98000094298

1. Corporation Name

RESEARCH VERIFICATION INCORPORATED

Principal Place of Business

3100 CHALFONT LN.  
TALLAHASSEE FL 32303

Mailing Address

3100 CHALFONT LN.  
TALLAHASSEE FL 32303

2. Principal Place of Business

21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

MCLEOD, CLINTON E  
327 OFFICE PLAZA DR.  
TALLAHASSEE FL 32301

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 changing registered office or registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	B/T	[ ] DELETE
NAME	GLENN, JAMES	
STREET ADDRESS	3100 CHALFONT LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	V	[ ] DELETE
NAME	REAMS, WILLIE	
STREET ADDRESS	3100 CHALFONT LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	T	[X] DELETE
NAME	JONES, CAROL	
STREET ADDRESS	3100 CHALFONT LN.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
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

11 TITLE	T	[ ] Change	[X] Addition
12 NAME	Glenn, James		
13 STREET ADDRESS	3100 Chalfont Ln.		
14 CITY-ST-ZIP	Tallahassee, FL 32303		
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[ ] Change	[ ] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

RF 4-30-99

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:

*James Glenn IV*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 1999 850.514.0205

FILED  
99 APR 30 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FCI Number

59-3558694

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 [X] No

10. Name and Address of New Registered Agent

0050373

CR2E034 (1/98)