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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V19796

(4)

SUPERIOR RESEARCH, INC.

	FILEI)
Jun 01	1998	8:00am
Secre	etary c	of State

Principal Place	o of Rusinose	Mailing Address			
· ·					
400 N. ROCK	KY POINT ROAD EAST	3001 N. ROCKY POINT	ROAD EAST		
TAMPA FL 330	607	TAMPA FL 33607			DO NOT WRITE IN THIS SPACE
U\$		US			3. Date Incorporated or Qualified
Princinal P	Nave of Business	2a. Mailing Address			03/06/1992
,	will be Hoding	28. Mailing Address			4, FEI Number Applied For
Suite, Apt	#. etc.	Suite, Apt. #, etc.			59-3118137 Not Applica
· · · · · ·	TUR, 1978	27			5. Certificate of Status Desired Fee Required
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Proporty Tax due June 30. Yes No
	g. Name and Address of Current	Registered Agent	81	Marson	10. Name and Address of New Registered Agent
	NZALES, SHARON		 ° '	Name	,
)1 N. ROCKY POINT ROAD EAST		82	Street	t Address (P.O. Box Number is Not Acceptable)
	URTH FLOOR		83		
TAN	MPA FL 33607		[65]		
			84	City	85 Zip Code
11. Pursuant f	to the provisions of Sections 607 0502	and 607-1508. Florida Stati	ites the above	named	d corporation submits this statement for the purpose of changing its register
Office or re	regi ste red agent, or both, in the State r im fam iliar with, and accept the obligat	of Florida. Such change was	authorized by	the con	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
•	и (апвиаг мин, ало авсерт ис овядат	JOHS OF, SECTION OUT USUS, I	londa Statules.		
SIGNATURE.	Signature, typed or printed name of requirement agent	Land the d'applicable (NO	PE Registered Ager	il signature	re-required when roinstailing) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELFTE	11 TITLE		Change Addit
NAME	DAVIS, RHODA		1.2 NAME		
STREET ADDRESS	5364 BROOKE RIDGE DR.		1.3 STREET A	ADDRESS	4096 COLUMNS Dr.
CITY-ST-ZIP	<u>DUNWOODY</u> GA		1.4 CITY - ST	- 7IP	4096 CCIUMAS Dr. Marutta (GA 30067
TITLE	DS	☐ DELETE	2.1 TIFLE		☐ Change ☐ Addill
NAME	HUNTER, DEBORAH ANN		2.2 NAME		
STREET ADDRESS	3164 WICKS CREEK TRAIL		2.3 STREET A		
CITY-ST-ZIP	MARRIETTA GA	DELETE	2. 4 CITY - ST	I - ZIP	
TITLE	OONTALES SHADON DAVIE	☐ DELETE	3.11016	ļ	D Change ☐ Additi
NAME STORET ADDRESS	GONZALES, SHARON DAVIE		3.2 NAME		60729188,3/19101 Daws
STREET ADDRESS	15703 REDINGTON DR		3.3 STREET A		
CITY-ST-ZIP TITLE	REDINGTON BEACH FL	DELETE	3.4. CITY-ST 4.1 TITLE	ZIP	Change Addit
NAME		E octave	4. F TITLE 4. 2 NAME		L Oldings L Noord
STREET ADDRESS			4.2 NAME 4.3 STREET A	nnaeee	
CITY-ST-ZIP			4.4 CHY-ST		
TITLE		DELETE	5.1 DILE	· Zir	Change Additi
NAME		•	5.2 NAME		
STREET ADORESS			5.3 SIREET A	DORESS	
CITY-ST-ZIP			5.4 CITY-ST-		
TITLE		☐ DELETE	6.1 TITLE	-	Change Additi
NAME			6.2 NAME		400002544964**********************************
STREET ADDRESS			6.3 STREET A	DDRESS	
CITY-ST-ZIP			64 CITY-ST-	- 710	***150.00 \\\
14. I hereby co	ertify that the information supplied with	this filing does not qualify f	for the exemption	on state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic gnature shall have the same legal effect as if made under oath; that I am an
officer or d	director or the corporation of the receiv	ver or trustee empowered to	curate and that exoculgahis re	i my sig aport as	gnature shall have the same legal effect as it made under oath; that Fam an s required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 o	or Bloc k 13 if chango <mark>g</mark>), or on an <u>a</u> ttach	iment with an address.			