FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 3:33

DOCUMENT # **H77818** **(3)**

1. Corporation Name
IMESON CONSOLIDATION, INC.

Principal Place of Business	Mailing Address
9601 N MAIN ST JACKSONVILLE FL 32218-2753	9601 N MAIN ST JACKSONVILLE FL 32218-2753

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 200 E. Robinson Street	26 200 E. Robinson Street
Suite, Apt. #, etc. 22 Suite 920	Suite, Apt. #, etc. 27 Suite 920
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip / Country 24 32801 / 25 USA	Zip / Country 29 32801 / 30 USA

4. FEI Number: 59-2636438 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARKER, EARL M. JR. 334 E DUVAL STREET JACKSONVILLE FL 32202	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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	COMER, JAMES D.	12 NAME	
STREET ADDRESS	560 HECKSCHER DR	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEBB, WILLIAM C. JR.	22 NAME	
STREET ADDRESS	1300 NW 167TH ST	23 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	BARKER, EARL M., JR.	32 NAME	
STREET ADDRESS	334 E DUVAL ST	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	
TITLE	DST	41 TITLE	☐ Change ☐ Addition
NAME	WEBB, DANIEL B	42 NAME	
STREET ADDRESS	200 E ROBINSON ST #920	43 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Daniel B Webb Secretary 3/9/95 (407) 841-1414
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0023169 CP