FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F74643 (0)

1. Corporation Name
JIMAG, INC.

Principal Place of Business	Mailing Address
% JAMES HENDERSON RT. 1, BOX 451 D MYAKKA CITY FL 33551	% JAMES HENDERSON RT. 1, BOX 451 D MYAKKA CITY FL 33551

2. Principal Place of Business	2a. Mailing Address
21 3010 CR 675 E.	26 3010 CR 675 E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bradenton, FL	City & State 28 Bradenton, FL
Zip 24 34202-9465 Country 25	Zip 29 34202-9465 Country 30

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 03/22/1995
4. FEI Number: 59-2196777 ☐ 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 XX Yes ☐ No

9. **Name and Address of Current Registered Agent**

HENDERSON, JAMES
RT. 1, BOX 451 D
MYAKKA CITY FL 33551

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3010 CR 675 East
83
84 City Bradenton, FL FL 85 Zip Code 34202-9465

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	PD	☐ DELETE	1.1 TITLE	PD	XX Change ☐ Addition
NAME	HENDERSON, JAMES		1.2 NAME	HENDERSON, JAMES	
STREET ADDRESS	RT 1 BOX 451 D		1.3 STREET ADDRESS	3010 CR 675 East	
CITY-ST-ZIP	MYAKKA CITY, FL 00000		1.4 CITY-ST-ZIP	BRADENTON, FL 34202-9465	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	X Change ☐ Addition
NAME	HENDERSON, JEANNE CLOUD		2.2 NAME	HENDERSON, JEANNE CLOUD	
STREET ADDRESS	RT. 1 BOX 451 D		2.3 STREET ADDRESS	3010 CR 675 East	
CITY-ST-ZIP	MYAKKA CITY FL		2.4 CITY-ST-ZIP	BRADENTON, FL 34202-9465	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(k), 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: James Henderson 4-29-96 — 941-322-1160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES HENDERSON

CR2E034 (12/95)