CORPORATION
ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J93376 (8)

1. Corporation Name
THE IMAGE BANK SOUTH, INC.

Principal Place of Business	Mailing Address
~~5009 TAMIAMI TRAIL N.~~ ~~NAPLES FL 33940~~	~~5009 TAMIAMI TRAIL N.~~ ~~NAPLES FL 33940~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4651 SHERIDAN ST.	26 4651 SHERIDAN ST.
22 Suite 270	27 Suite 270
23 HOLLYWOOD, FLA	28 HOLLYWOOD, FLA
24 Zip 33021 25 Country BROWARD	29 Zip 33021 30 Country BROWARD

4. FEI Number: 22-2852075 ☐ 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

FELDEN, CHRISTIAN B.
2590 GOLDEN GATE PARKWAY
SUITE 101
NAPLES FL 33942

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable (NEW Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	JOBE, REX V.	12 NAME
STREET ADDRESS	5221 N. O'CONNOR STE. 700	13 STREET ADDRESS
CITY-ST-ZIP	IRVING TX	14 CITY ST ZIP
TITLE	V	21 TITLE ☐ Change ☐ Addition
NAME	HUGHES, LESLIE	22 NAME
STREET ADDRESS	5221 N. O'CONNOR STE. 700	23 STREET ADDRESS
CITY-ST-ZIP	IRVING TX	24 CITY ST ZIP
TITLE	T	31 TITLE ☐ Change ☐ Addition
NAME	HORNER, LARRY	32 NAME
STREET ADDRESS	5221 N. O'CONNOR STE. 700	33 STREET ADDRESS
CITY ST ZIP	IRVING TX	34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		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 above, if an officer or director, or in an attachment with an address.

SIGNATURE: LARRY P. HORNER, TREASURER 2-9-95 214/432 3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0324867 CP