FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 AM 11:34

DOCUMENT # P93000076568 (3)

1. Corporate Name
CALOOSA IMAGING, INC.

Principal Place of Business
~~4450 CAMINO REAL WAY~~
~~FT. MYERS FL 33704~~

Mailing Address
~~4450 CAMINO REAL WAY~~
~~FT. MYERS FL 33704~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1993
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 2200 Kings Highway
Suite, Apt. #, etc.
22 Suite #23
City & State
23 Port Charlotte, FL
Zip 24 33980
Country 25 Charlotte

2a. Mailing Address
26 2200 Kings Highway
Suite, Apt. #, etc.
27 Suite #23
City & State
28 Port Charlotte
Zip 29 33980
Country 30 Charlotte

4. FEI Number: 65-0432524 — 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: [X] Yes ☐ No

9. Name and Address of Current Registered Agent
WALKER, THOMAS G
~~4450 CAMINO REAL WAY~~
~~FT. MYERS FL 33704~~

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable): 2200 Kings Highway, Suite #23
03
04 City: Port Charlotte, FL 05 Zip Code: 33980

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALKER, THOMAS G
STREET ADDRESS	~~4450 CAMINO REAL WAY~~
CITY, ST, ZIP	~~FT. MYERS FL 33704~~
TITLE	T/S
NAME	LAMM, BILL
STREET ADDRESS	~~4450 CAMINO REAL WAY~~
CITY, ST, ZIP	~~FT. MYERS FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D, P — [X] Change [X] Addition
12 NAME	
13 STREET ADDRESS	2200 Kings Highway, Suite #23
14 CITY, ST, ZIP	Port Charlotte, FL 33980
21 TITLE	[X] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	2200 Kings Highway, Suite #23
24 CITY, ST, ZIP	Port Charlotte, FL 33980
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	

14. I do hereby certify that the information supplied on this report is true, correct and complete. I further certify that the information contained on the reverse side of this report is true and correct. I further certify that I am an officer or director of the corporation or that I have received compensation for the performance of my duties as an officer or director. I further certify that I am aware that false information submitted to a governmental agency may be punishable under Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 hereinabove as an officer or director.

SIGNATURE: W.S. Lamm, Sec/Treas. 2/6/95 407-562-8825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

0322507 CP