

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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # P94000074522 (1)

1. Corporation Name

NATIONAL IMAGING SUPPLIES GROUP, INC.

Principal Place of Business

1002 SAVAGE CT
LONGWOOD FL 32750-4905

Mailing Address

1002 SAVAGE CT
LONGWOOD FL 32750-4905



2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 6382

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

LONGWOOD, FL

Zip

Country

Zip

Country

24

25

29

32751-6272

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/05/1994

3a. Date of Last Report
06/27/1995

4. FEI Number
36-3747637

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

10. Name and Address of New Registered Agent

BAILEY, RAY
1002 SAVAGE CT
LONGWOOD FL 32758

B1 Name

BAILEY, RAY

B2 Street Address (P.O. Box Number is Not Acceptable)

108 SAND PINE Ln.

B3

B4 City

LONGWOOD

FL

B5 Zip Code

32770

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
RAYMOND BAILEY
1324 FOXFORREST ST
APOPKA FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
ALBERT BROOKS
901 NORFOLK ST
LONGWOOD FL 32750

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
HEIDI BAILEY
1324 FOXFORREST ST
APOPKA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

P
BAILEY, RAYMOND
108 SAND PINE Ln.
LONGWOOD, FL 32770

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

ST
HEIDI BAILEY
108 SAND PINE Ln.
LONGWOOD, FL 32770

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

4000001802424
-05/01/96--01013--024
***200.00

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 407-332-9445
Date Daytime Phone

CR2E034 (12/95)