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
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P95000008563 (5)**

1. Corporation Name

DOCUMENT IMAGING SERVICES COMPANY, INC.

Principal Place of Business

%RICHARD G. HATHAWAY, P.A.
~~7077 BONNEVAL RD., SUITE 200~~
~~JACKSONVILLE FL 32216~~

Mailing Address

%RICHARD G. HATHAWAY, P.A.
~~7077 BONNEVAL RD., SUITE 200~~
~~JACKSONVILLE FL 32216~~

3. Date Incorporated or Qualified: 01/27/1995
3a. Date of Last Report:

2. Principal Place of Business
21 10151 Deerwood Park Blvd, Bldg 100
22 Suite, Apt. #, etc. Ste. 200
23 City & State: Jacksonville, FL
24 Zip: 32256 25 Country: USA

2a. Mailing Address
26 10151 Deerwood Park Blvd, Bldg 100
27 Suite, Apt. #, etc. Ste. 200
28 City & State: Jacksonville, FL
29 Zip: 32256 30 Country: USA

4. FEI Number: 59 3302293 ☐ 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

RICHARD G. HATHAWAY, P.A.
~~7077 BONNEVAL RD.~~
~~SUITE 200~~
~~JACKSONVILLE FL 32216~~

10. Name and Address of New Registered Agent

81 Name: Richard G. Hathaway
82 Street Address (P.O. Box Number is Not Acceptable): 10151 Deerwood Park Blvd.
83 Bldg 100 Suite 200
84 City: Jacksonville FL 85 Zip Code: 32256

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: Richard G. Hathaway DATE: 2/2/96

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WALLACE, PEGGY A	
STREET ADDRESS	224 OCEAN FOREST DR. SOUTH	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	D	☐ DELETE
NAME	WILSON, MICHAEL S	
STREET ADDRESS	9408 GENNA TRACE TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	☑ DELETE
NAME	PAULUS, JOHNNIE L	
STREET ADDRESS	4011 DALRY DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/CHAIRMAN/DIRECTOR	☑ Change ☐ Addition
1.2 NAME	PEGGY A. WALLACE	
1.3 STREET ADDRESS	9483 WHITTINGTON DR.	
1.4 CITY-ST-ZIP	JAX. FL. 32257	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Peggy A. Wallace 4/30/96 904 363-3774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #