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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000008563 (5)

1. Corporation Name

DOCUMENT IMAGING SERVICES COMPANY, INC.

Principal Place of Business

Mailing Address

10151 DEERWOOD PARK BLVD
BLDG 100, STE-200-
JACKSONVILLE FL 32256
US

10151 DEERWOOD PARK BLVD
BLDG 100, STE-200-
JACKSONVILLE FL 32256-0557
US

3. Date Incorporated or Qualified

01/27/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 Suite 250

27 Suite 250

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATHAWAY, RICHARD G
10151 DEERWOOD PARK BLVD
BLDG 100, STE-200
JACKSONVILLE FL 32256

81 Name

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

83 Suit 250

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

Signature type: For printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD
NAME WALLACE, PEGGY A
STREET ADDRESS 9483 WHITTINGTON DR
CITY-STATE-ZIP JAX FL 32257

1.1 TITLE D
1.2 NAME KAREN TUTWILER MONTGOMERY
1.3 STREET ADDRESS 12799 Camellia Bay Drive East
1.4 CITY-STATE-ZIP Jacksonville, FL 32223

TITLE D
NAME WILSON, MICHAEL S
STREET ADDRESS 9408 GENNA TRACE TRAIL
CITY-STATE-ZIP JACKSONVILLE FL 32257

2.1 TITLE D
2.2 NAME MITCHELL R MONTGOMERY
2.3 STREET ADDRESS 12799 Camellia Bay Drive East
2.4 CITY-STATE-ZIP Jacksonville, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/97

904 363-3774

CR2E034 (9/96)