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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P95000015097 (5)**

1. Corporation Name
TOTAL IMAGING, INC.

Principal Place of Business	Mailing Address
4915 BEACH BLVD SUITE 1 JACKSONVILLE FL 32207	4915 BEACH BLVD SUITE 1 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1995

2. Principal Place of Business	2a. Mailing Address
21 7018 A.C. SKINNER PKWY	26 7018 A. C. SKINNER PKWY
Suite, Apt. #, etc. 22 SUITE 290	Suite, Apt. #, etc. 27 SUITE 290
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip / Country 24 32256 / 25 DUVAL	Zip / Country 29 32256 / 30 DUVAL

4. FEI Number: 65-0570060 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCIULLO, MARK V 4915 BEACH BLVD SUITE 1 JACKSONVILLE FL 32207	81 Name: Sciullo, Mark V 82 Street Address (P.O. Box Number is Not Acceptable): 7018 A. C. SKINNER PKWY 83 SUITE 290 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: Mark V. Sciullo MARK V. SCIULLO 1/9/98
Signature: type or 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCIULLO, MARK V		1.2 NAME	
STREET ADDRESS	4915 BEACH BLVD STE 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWLING, JAMES P		2.2 NAME	
STREET ADDRESS	4915 BEACH BLVD STE 1		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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.

904 332 8700

SIGNATURE: Mark V. Sciullo MARK V. SCIULLO PRESIDENT 1/9/98