FEE AFTER MAY 1 IS $550.00

FILED
May 28 1997 8:00am
Secretary of State

CORPORATE
ANNUAL REPORT
1997

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

DOCUMENT #
Corporation Name

IMAGINOMIC CORPORATION SOUTH P96000018921

[redacted]

Principal Place of Business	Mailing Address
1841 BANANA ST PORT CHARLOTTE, FL 33980	1841 BANANA ST. PORT CHARLOTTE, FL 33980

Business	2a. Mailing Address 26	3. Date Incorporated or Qualified: 02/23/1996
	Suite, Apt. #, etc. 27	3a. Date of Last Report
	City & State 28	4. FEI Number: 65-0641601 ☐ Applied For ☐ Not Applicable
Country 25	Zip 29 / Country 30	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

DONALD P. GASKINS
1841 BANANA ST.
PORT CHARLOTTE, FL 33980

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DONALD P GASKINS		1.2 NAME		
STREET ADDRESS	1841 BANANA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME			2.2 NAME	RANDY GUNDERSON	
STREET ADDRESS			2.3 STREET ADDRESS	28276 NAVAHO LANE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		☐ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME			3.2 NAME	GREG HOWARD	
STREET ADDRESS			3.3 STREET ADDRESS	371 MIDDLETOWN	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		☐ DELETE	4.1 TITLE	S/T	☐ Change ☒ Addition
NAME			4.2 NAME	CONNIE L HILLENBURG	
STREET ADDRESS			4.3 STREET ADDRESS	4725 KNOLLWOOD DRIVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33982	
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		

PW 5-28-97

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CR2E034 (9/96)

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: [illegible] 5/28/97