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PROFIT CORPORATION **ANNUAL REPORT**

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065030 (4)

ACCUPAP, INC.

The state of the s

CITY-ST-ZIP

Principal Place of Business Mailing Address 214 MEADOW STREET P.O. BOX \$45 LIVE OAK FL 32060 LIVE OAK FL 32060-0345 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1996 2a. Mailing Address 26 PO BOK 606 2. Principal Place of Business Applied For 59-3403357 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Live Oak Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 32604 Yes No 24 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ELLIS, C. ARTHUR JR 214 MEADOW STREET 82 Street Address (P.O. Box Number is Not Acceptable) LIVE OAK FL 32060 83 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

C. Artivition, Tr. President

4/12/47 4/12/97 SIGNATURE o of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition TITLE 1130LE NAME 1.2 NAME ELLIS, C. ARTHUR JR STREET ADDRESS 1.3 STREET ADDRESS 214 MEADOW STREET 1.4 CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 Change Addition DELFTE TITLE 2.1 THE 22 NAME NAME ELLIS, LESLIE STREET ADDRESS 2.3 STREET ADDRESS 214 MEADOW STREET CITY-ST-ZIP LIVE OAK FL 32060 DELETE Change Addition TITLE 3.1 TITLE NAME ELLIS, ERIC A STREET ADDRESS 3.3 STREET ADDRESS 214 MEADOW STREET CITY-ST-ZIP 3.4. CITY-ST-ZIP LIVE DAK FL 32060 DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME ELLIS, DAVID M STREET ADDRESS 4.3 STREET ADDRESS 214 MEADOW STREET CITY-ST-ZIP 4.4 C(TY - ST - Z(P LIVE OAK FL 32060 4000021506 P4hange -04/22/97--01049--047 ***165.00 DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP Change DELFTE ___ Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

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. (904)364-3989 (C) ANhor Elles 50 4/12/97