FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
May 29 1998 8:00 am
Secretary of State

DOCUMENT # **P96000065030 (4)**

1. Corporation Name
ACCUPAP, INC.

Principal Place of Business	Mailing Address
214 MEADOW STREET LIVE OAK FL 32060	P.O. BOX 606 LIVE OAK FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1996

2. Principal Place of Business	2a. Mailing Address
21: 6515 N. Armenia Ave	26: 6515 N Armenia Ave
Suite, Apt. #, etc. 22: [illegible]	Suite, Apt. #, etc. 27:
City & State 23: TAMPA, FL	City & State 28: TAMPA, FL
Zip 24: 33604 Country 25: USA Hillsborough	Zip 29: 33604 Country 30: USA Hillsborough

4. FEI Number: 59-3403357 ☐ 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
~~ELLIS, C. ARTHUR JR.~~
~~214 MEADOW STREET~~
~~LIVE OAK FL 32060~~

10. Name and Address of New Registered Agent
81 Name: C. ELLIS
82 Street Address (P.O. Box Number is Not Acceptable): 6515 N Armenia Ave
83: [illegible]
84 City: TAMPA FL 85 Zip Code: 33604

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, C. ARTHUR JR 214 MEADOW STREET LIVE OAK FL 32060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, LESLIE 214 MEADOW STREET LIVE OAK FL 32060	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, ERIC A 214 MEADOW STREET LIVE OAK FL 32060	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIS, DAVID M 214 MEADOW STREET LIVE OAK FL 32060	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300002541833 -06/01/98--01021--037 ***150.00	☐ Change ☐ Addition

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.

SIGNATURE: [illegible] PRESIDENT 4/29/98 (813)930-9665