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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011745

1. Corporation Name

C. & I. IMAGING, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90147 042 ***150.00

| OULIN | MAINA, MO. | | | | |
|---|--|--|--|--|---|
| Principal Plac | e of Business | Mailing Address | | I IMMITANT LIA INITI INDITI DEUT ANTIS BRITT ANTIS | . (14.00) 1707 100) 0700 0700 0700 100 |
| 14201 CARCIL I LARGO FL (137 | | 14201 CAROL MANOR DRIVE LARGO FL 33774 | : | | |
| US | | US | | DO NOT WRITE IN THE | S SPACE |
| | | | | 3. Date I rcorporated or Qualifed 02/03/1997 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 401 PAR | L AVE. | <u>59-3427482</u> | Not Applicabl |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | | | | Fee Required |
| City & Stat | te | City & State | - 1 | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 BEILEAIR | 15-6- | Trust Fund Contribution | Added to Fees |
| Žip | Country | Zip | USA | 8. This corporation owes the current year it | ntangible ☐ Yes ☑₩6 |
| 24 | 25 | | OUSA | Personal Property Tax. 10. Name and Address of New Registered | |
| | 9. Name and Address of Curren | in Registered Agent | 81 Name | TU. Haine and Address of New Registered | |
| 000 |)K, GEORGE W | | | | |
| | 01 CAROL MANOR DRIVE | | 82 Street Addre | ess (P.O. Bo:: Number is Not Acceptable) | |
| | GO FL | | 83 | | |
| 2 | | | 33 | | |
| | | | 84 City | FI | 85 Zip Code |
| | | | | • _ <u>•</u> _ <u>•</u> | - |
| 11. Pursuant | to the provisions of S⊖ctions 607.050 registered agent, or b∈th, in the State | 02' and 607.1508, Florida Statutes Fof Florida. Such change was aut | s, the above-named corpo thorized by the corporatio | oration submits this statement for the purpose on's board of directors. I hereby accept the appe | ar changing as registered pintment as registered |
| agent. I a | am familiar with, and a cept the obliga | at ons of, Section 607.0505, Florid | Statutes. | 0 1 1 - 0 - | • |
| SIGNATURE | GEOXGE W. Signature, typed or printed name of registered age | OOK 12 | come w. | Cook 4-26-5 | 1 9 |
| | | en and title if applicable. (NOTE: F | Registered Agent signature required 13. | ADDITIONS/CHANGES TO OFFICERS 1 | |
| 12. | PSTD | DELETE | 11 TITLE | ADDITIONS/CHARGES TO OFFICERS | ☐ Change ☐ Addit |
| NAME | COOK, GEORGE W | NEW ADDRESS | | | _ , _ |
| | AAAAA OADOL MAMOO DONE | | 1.3 STREET ADDRESS | | |
| STREET ADDRESS | LARGO FL 33774 | SEE: 24 | | | |
| CITY-ST-ZIP | LARGO TE 33774 | ☐ DELETE | 1.4 CITY- ST-ZIP | - | ☐ Change ☐ Addit |
| | | _ Deceme | 2.2 NAME | | |
| NAME | | | | | |
| STREET ADDRESS | 6 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 0.4000/.07.70 | | |
| | | □ DELETE | 2.4 CITY-ST-ZIP | | □ Change □ Addit |
| NAME | | ☐ DELETE | 3.1 TITLE | | Change Addit |
| STREET ADDRESS | | ☐ DELETE | 3.1 TITLE 3.2 NAME | | ☐ Change ☐ Addit |
| | | ☐ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | ☐ Change ☐ Addit |
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14. I hereby certify that the information supplied with this filling 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 ut derivent; 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 attact ment with an address, with all other like empowered.

GEORGE W. Cook 433-99 Dayline Phone