

DOCUMENT # 898000086925

1. Entity Name

IMAGE CONTROL, INC.

898000086925

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 FEB 23 AM 10:40

Principal Place of Business

6823 THOUSAND OAKS RD.
ORLANDO FL 32818

Mailing Address

P.O. BOX 681248
ORLANDO FL 32868-1248

2. Principal Place of Business

7877 ELMSTONE circle

Suite, Apt. #, etc.

3. Mailing Address

PO Box 720596

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3538868

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32872

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALONE, WILLIAM C IV
827 MENENDEZ CT.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Charles Humphrey

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

7877 ELMSTONE circle

City ORLANDO

FL

Zip Code
32822

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Charles Humphrey
Signature, typed or printed name of registered agent, and date if applicable.

Secretary, Treasurer

1/14/00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME DST
STREET ADDRESS HUMPHREY, CHARLES
CITY-ST-ZIP 6823 THOUSAND OAKS RD.
ORLANDO FL 32818 ☐ DeleteTITLE
NAME DP
STREET ADDRESS SMITH, JERRY
CITY-ST-ZIP FEDERAL PKWY
LYNDENHURST IL 60046 ☐ DeleteTITLE
NAME DV
STREET ADDRESS CHAFFARI, BEN
CITY-ST-ZIP 9797 RUNNER STONE PL.
BRISTOW VA 20136 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900003149979--2
-02/28/00--01131--013
****150.00 ****150.00TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
11255 Pine Forest Dr
New Port Richie, FL 34654TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
1/12/23

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Humphrey 1/14/00 1/07234
0676

CR2E034 (9/99)