

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90078 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT-  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000107497

1. Corporation Name

IMAGING SOLUTIONS, INC.



Principal Place of Business

Mailing Address

~~4835 GROVEMONT PLACE~~  
~~ORLANDO FL 32808~~

~~4835 GROVEMONT PLACE~~  
~~ORLANDO FL 32808~~

2448 Sand Lake Rd.  
Orlando FL, 32809

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

2. Principal Place of Business

2a. Mailing Address

21 2448 Sand Lake Rd.  
Suite, Apt. #, etc.

26 2448 Sand Lake Rd  
Suite, Apt. #, etc.

4. FEI Number

59-3549025

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

23 Orlando, FL. 32809

City & State

28 Orlando, FL.

24 32809 25 USA

29 32809 30 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEARD, HARVEY L JR

New Address

81 Name

Harvey L. Heard, Jr

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

5112 CONROY RD #327

83

Orlando, FL 32811

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Harvey L. Heard, Jr  
STREET ADDRESS 5112 Conroy Rd # 327  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ DELETE

NAME Vice-President - Treasurer  
Michael Green  
STREET ADDRESS 5112 Conroy Rd # 327  
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ DELETE

NAME Trustee  
Wanda Heard  
STREET ADDRESS 5719 Timberhurst  
CITY-ST-ZIP San Antonio, TX 78250

TITLE ☐ DELETE

NAME Trustee  
Donna Cox  
STREET ADDRESS 3519 BUNYAN  
CITY-ST-ZIP San Antonio, TX 78247

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 (407) 852-1668

CR2E034 (11/98)