FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 11 PM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S23633** **(8)**

1. Corporate Name
HUTCHINSON GROVES, INC.

Principal Place of Business
211 HCN DRIVE
SEBRING FL 33870
US

Mailing Address
211 HCN DRIVE
SEBRING FL 33870
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1991**
3a. Date of Last Report: **08/17/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **59-3042908** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HUTCHINSON, WILLIAM F., III
211 H.C.N. DRIVE
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	D	41 TITLE	☐ Change ☐ Addition
32 NAME	HUTCHINSON, WILLIAM F. III	42 NAME	
33 STREET ADDRESS	1323 EDGEWATER POINT	43 STREET ADDRESS	
34 CITY ST ZIP	SEBRING FL 33870	44 CITY ST ZIP	
35 TITLE	D	45 TITLE	☐ Change ☐ Addition
36 NAME	HUTCHINSON, WILLIAM F.	46 NAME	
37 STREET ADDRESS	1323 EDGEWATER POINT	47 STREET ADDRESS	
38 CITY ST ZIP	SEBRING FL	48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
41 STREET ADDRESS		51 STREET ADDRESS	
42 CITY ST ZIP		52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

I hereby certify that the information supplied with this filing is accurate and that this filing complies with the requirements of Section 607.1622(1)(a), 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 12 or Block 13 with an asterisk (*) or on an attached sheet with an asterisk.

SIGNATURE: Willie F. Hutchinson 5-3-95 813 382-1747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0448000 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # S24043 (9)

1. Corporation Name: ALL IMAGING SYSTEMS, INC.

Principal Place of Business	Mailing Address
3450 JET VIEW CIR.	1735 ELISE MARIE DR
TAMPA FL 33634	SEFFNER FL 33584
US	

3. Date Incorporated or Qualified: 01/07/1991
3a. Date of Last Report: 05/12/1994
4. FEI Number: NOT APPLICABLE — 59-3045857
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

2. Principal Place of Business	2a. Mailing Address
21 501 S. Falkenburb Road	26 ~~P.O. Box 6523~~ Same
22 Suite, Apt. #, etc.: Bldg D-2	27 ~~~~
23 City & State: Tampa Fl.	28 Seffner FL
24 Zip: 33619 — 25 County: Hillsborough	29 Zip: 33584 — 30 County: Hillsborough

9. Name and Address of Current Registered Agent

HEGER, BRUCE J.
1735 ELISE MARIE DR
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: Bruce J Heger President — 5-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[ ] Change [ ] Addition
NAME	HEGER, BRUCE J.	
STREET ADDRESS	1735 ELISE MARIE DR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	DVT	[ ] Change [ ] Addition
NAME	HEGER, GLEN	
STREET ADDRESS	5752 LONGBOW DR	
CITY-ST-ZIP	STONE MOUNTAIN GA	
TITLE	DS	[ ] Change [ ] Addition
NAME	HEGER, CHARLENE	
STREET ADDRESS	1735 ELIZE MARIE DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntary, furnished and 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: Bruce J Heger — 5-11-95 — 813-689-0016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0286728 CP

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

APPROVED AND FILED
95 MAY 15 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S25651** **(8)**

1. Corporate Name

FRIENDS OF SENIOR CITIZENS, INC.

Principal Place of Business	Mailing Address
6187 SCORPIO CIRCLE #127 TAMPA FL 33614	6187 SCORPIO CIRCLE #127 TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1991
3a. Date of Last Report: 05/11/1994
4. FEI Number: 59-3042643 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22, 27
City & State — 23, 28
Zip — 24, 29; Country — 25, 30

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 has liability for intangible tax under S. 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, MARVELLA E
6187 SCORPIO CIR #127
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______ NOTE: Registered Agent signature required when reinstating ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, MARVELLA E.	1.2 NAME	
STREET ADDRESS	6187 SCORPIO CIR #127	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Marvella E Patterson MARVELLA E. PATTERSON 5/11/95 813-933-8656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0298401 CP