FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S82717 IMAGES ETC. INC. Principal Place of Business Mailing Address 813 E BLOOMINGDALE AVE. 813 E BLOOMINGDALE AVE. SHITE 175 SUITE 175 DO NOT WRITE IN THIS SPACE BRANDON FL 33511 BRANDON FL 33511 3. Date Incorporated or Qualified 09/25/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3088653 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARBRIDGE, M. JAMES 813 E. BLOOMINGDALE AVE. Street Address (P.O. Box Number is Not Acceptable) **SUITE 175** 83 **BRANDON FL 33511** Zip Code 85 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 little if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ DELETE 1.1 TITLE Change Addition HARBRIDGE, M JAMES NAME 1.2 NAME 813 E BLOOMINGDALE AVE STREET ADDRESS 1.3 STREET ADDRESS **BRANDON FL** 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HARBRIDGE, SUSAN C 2.2 NAME NAME 813 E BLOOMINGDALE AVE 2.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$T - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 517008 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

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 airachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

Change

Addition

6.1 TITLE

6.2 NAME

DELETTE

CITY - SI - ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS