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 -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59312 (1)

1. Corporation Name
IMAGING SYSTEMS GROUP, INC.

Principal Place of Business
5633 DOOLITTLE ROAD
JACKSONVILLE FL 32254
US

Mailing Address
~~5633 DOOLITTLE ROAD~~
~~JACKSONVILLE FL 32254~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3141601 — 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. 199.052, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 60069
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32236 Country 30 US

9. Name and Address of Current Registered Agent

PRICE, ROBERT J.
5266 HWY AVE.
JACKSONVILLE FL ~~32205~~

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 32254

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

Field	
TITLE	D
NAME	BELL, A QUINN
STREET ADDRESS	5266 HWY. AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	~~D~~
NAME	PRICE, ROBERT J.
STREET ADDRESS	5266 HWY. AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	SUDDATH, STEPHEN M.
STREET ADDRESS	5266 HWY. AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	~~D~~
NAME	STRICKLAND, BARBARA S.
STREET ADDRESS	50 N. LAURA STREET
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		
1 TITLE		☐ Change ☐ Addition
2 TITLE	VTD	☐ Change ☐ Addition
3 TITLE		☐ Change ☐ Addition
4 TITLE	STD	☐ Change ☐ Addition
5 TITLE		☐ Change ☐ Addition
6 TITLE		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), 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: Robert J. Price R.J. Price 4/21/95 (904) 751-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0020866 CP