FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # V59312 (1)

1. Corporation Name

IMAGING SYSTEMS GROUP, INC.

Principal Place of Business
5633 DOOLITTLE ROAD
JACKSONVILLE FL 32254
US

Mailing Address
~~P O BOX 60069~~
~~JACKSONVILLE FL 32236~~
US

3. Date Incorporated or Qualified: 08/20/1992

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3141601 ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address
26 P.O. Box 48088
Suite, Apt. #, etc. 27
City & State 28 JAX, FL
Zip 29 32247 Country 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

PRICE, ROBERT J.
~~5266 HWY AVE.~~
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 815 S. MAIN ST.
83
84 City FL 85 Zip Code 32207

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) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	815 S. MAIN ST.	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	815 S MAIN ST	
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	815 S MAIN ST.	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature] R.J. PRICE, VP 05/01/96 (904)390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)