

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 532875

(2)

1. Corporation Name

MR. COPY SERVICE, INC.



Principal Place of Business

**4200 VICTOR ST/P O BOX 5181
JACKSONVILLE FL 32247-2181 S181**

Mailing Address

**4200 VICTOR ST/P O BOX 5181
JACKSONVILLE FL 32247-2181 S181**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

32247-5181

25

32247-5181

30

9. Name and Address of Current Registered Agent

**PRYCE, EARL
4200 VICTOR ST
JACKSONVILLE FL 32207**

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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PD

**PRYCE, EARL
4200 VICTOR ST
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

T

**PRYCE, EARL
4200 VICTOR ST
JACKSONVILLE, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VP

**PRYCE, CAROLE
1857 ST. JOHNS BLUFF RD
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S

**PRYCE, CAROLE
1857 ST. JOHNS BLF RD N
JACKSONVILLE FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY, ST, ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY, ST, ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 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)(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:

Carole Pryce

CAROLE PRYCE

3-26-96

904/448-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)