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 APR 18 PM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63392** **(1)**

1. Corporation Name
MODERN COPY OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
8030 PHILLIPS HWY STE 10 JACKSONVILLE FL 32256-7453 US	8030 PHILLIPS HWY STE 10 JACKSONVILLE FL 32256-7453 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/18/1987**
3a. Date of Last Report: **04/11/1994**

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

4. FEI Number: **59-2797892** ☐ 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

DONAHOO, THOMAS M
200 W FORSYTH ST #1400
BOX 413
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	XX Change ☐ Addition	VP
NAME	POWERS, WILLIAM III	12 NAME		Powers, William III
STREET ADDRESS	7901 BAYMEADOWS CIR EAST	13 STREET ADDRESS		4739 Royal Ave.
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		Jacksonville, Fl. 32205
TITLE	VT	21 TITLE	☐ Change ☐ Addition	
NAME	HALLOWES, MARTHA H.	22 NAME		
STREET ADDRESS	4627 LONG BOW RD., SO.	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VTS	31 TITLE	☐ Change ☐ Addition	
NAME	HALLOWES, MARTHA H.	32 NAME		
STREET ADDRESS	4627 LONG BOW RD S	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	☐ Change ☐ Addition	
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: William C Hallowes Pres. 4/17/95 904(730-7310)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William C. Hallowes

0081710 CP