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 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95--01004--007
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000060362 (9)

1. Corporation Name

COPYFAX OF GAINESVILLE, INC.

Principal Place of Business	Mailing Address
3456 SW 42ND AVE STE B GAINESVILLE FL 32608 US	3456 SW 42ND AVE STE B GAINESVILLE FL 32608 US

3. Date Incorporated or Qualified: 08/24/1993
3a. Date of Last Report: 05/01/1994

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: 59-3199148 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

~~HUMPHRIES, RALPH~~
~~4741 ATLANTIC BLVD.~~
~~SUITE D-6~~
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent

81 Name: Humphries, Ralph
82 Street Address (P.O. Box Numbers Not Acceptable): 6320 St. Augustine Rd #2
83:
84 City: Jacksonville FL 85 Zip Code: 32217

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, type or print name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, SCOTT	12 NAME	
STREET ADDRESS	3456 42ND AVE STE B	13 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	DEFOOR, LARRY	22 NAME	
STREET ADDRESS	7662-33 PHILLIPS HWY	23 STREET ADDRESS	6631 Executive Park Court, #206
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	Jacksonville, FL 32216-8025
TITLE	TSD	31 TITLE	☒ Change ☐ Addition
NAME	MIHOLLIN, JOHN	32 NAME	Milhollin, John
STREET ADDRESS	7662 PHILLIPS HWY	33 STREET ADDRESS	6631 Executive Park Court, #206
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville, FL 32216-8025
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: X Larry R. DeFoor X 5/1/95 X (904) 336-1771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034601 CP