

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S78044 (2) N/C 3-20-98

River City Reprographics, Inc.

Principal Place of Business
4507 FLINTLOCK DR
ORLANDO FL 32808
US

Mailing Address
4507 FLINTLOCK DR
ORLANDO FL 32808
US



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 09/05/1991	
4. FEI Number 59-3086777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8640 PHILIPS HWY. Suite, Apt. #, etc. 22 21 City & State 23 JACKSONVILLE, FL Zip 32256 Country USA	2a. Mailing Address 26 8640 Philips Hwy Suite, Apt. #, etc. 27 21 City & State 28 Jacksonville, FL Zip 32256 Country USA
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11. Pursuant to the provisions of Sections 607.0502 and 607.3508, 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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D BERGER, REGINALD R. <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGER, REGINALD R.	1.2 NAME	Reginald R. Berger
STREET ADDRESS	4507 FLINTLOCK DR	1.3 STREET ADDRESS	9480 Princeton Sq. Bldg 50. #2407
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Charles David Dimmick
STREET ADDRESS		2.3 STREET ADDRESS	3946 St. John's Ave, Apt 52
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ethan O'Brien Todd
STREET ADDRESS		3.3 STREET ADDRESS	1748 River Rd Apt 2
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	400002543624
STREET ADDRESS		6.3 STREET ADDRESS	-06/02/98--01020--046
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)