Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90241 012 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # 254523))				
A B COPY MACHINES INC						
Principal Place	e of Business	Mailing Address	·		i Cilbil Quali billil bil	ALL BIBIL LOB!
4610 N. LOIS A		4610 N. LOIS AVE.		·		
TAMPA FL 33614 TAMPA FL 33614				DO NOT WRITE IN THI	IC CDACE	
				3. Date Incorporated or Qualifed	3 SPACE	
				01/01/1962		
Principal Place of Business 2a. Mailing Address				4. FEI Number	App	lied For
21 26			59-0946241	Not	Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
27		27		3. Certificate of Otatus Desired	Fee Req	uired
City & State		City & State		6. Election Campaign Financing	\$5.00 N	• [
23		28	0	Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country 30	This corporation owes the current year I Personal Property Tax.		□No
24	9. Name and Address of Currer	\	30	10. Name and Address of New Registere		
	5. Name and Address of Curren	it itegistered Agoin	81 Name			
HAL	aday,william J.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
4610 N. LOIS AVE.			62 Street Ad	laress (F.O. Box Number is Not Acceptable)		
TAMPA FL 33614			83			
			84 City		85 Zip C	ode
				F	L `	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was at	ithorized by the corbora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its regionstruction	egistered istered
-	im tamiliar with, and accept the colliga	alions of, Section 607.0303, Mor	iga Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			Registered Agent signature requ			
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITLE	,	☐ Change	☐ Addition
NAME	HALADAY, WILLIAM J		1.2 NAME			
STREET ADDRESS	1314 ESTATEWOOD DRIVE		1.3 STREET ADDRESS]
CITY-ST-ZIP	BRANDON FL	□ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE	D CAN ADAM BUNILIO E		2.1 TITLE 2.2 NAME		onen-ge	
NAME	HALADAY, PHYLLIS E.		2.3 STREET ADDRESS		-	
STREET ADDRESS	1314 ESTATEWOOD DRIVE BRANDON FL		2. 4 CITY-ST-ZIP	** · ·	- 20-	
CITY-ST-ZIP TITLE	D DRANDON FL	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	HALADAY, KIMBERLY ANN	_	3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		3.4. CITY-ST-ZIP		· .	
TITLE	3.0 0.15	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	•	Change	Addition
NAME			5.2 NAME			i
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		O BELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TITLE		☐ DELETE	6.2 NAME	•		
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			0.3 STREET ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP