

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

FILED

Feb 03 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 # **352664** (7)
1. Corporation Name
JIFFY COPY & PRINTING, INC.

Principal Place of Business
**222 S. NEW YORK AVENUE
WINTER PARK FL 32789**

Mailing Address
**222 S. NEW YORK AVENUE
WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/23/1969	
21	1000 ANCHORAGE COURT	26	1000 ANCHORAGE COURT	4. FEI Number 59-1272039	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
32789		USA			

9. Name and Address of Current Registered Agent

**CHESTNUT, BLANCHE A.
2993 ROUEN AVE.
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81	Name	JOHN C LEEVELEY	
82	Street Address (P.O. Box Number is Not Acceptable)	1000 ANCHORAGE COURT	
83			
84	City	WINTER PARK	85 Zip Code FL 32789

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 **1/26/98**

Signature, typed or printed name of registered agent and title if applicable

(If Not Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTNUT, DAVID E.	1.2 NAME	SECRETARY / TREASURER
STREET ADDRESS	2993 ROUEN	1.3 STREET ADDRESS	SANDRA C LEEVELEY
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	1000 ANCHORAGE COURT
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD	2.2 NAME	PRESIDENT
STREET ADDRESS	CHESTNUT, BLANCHE	2.3 STREET ADDRESS	JOHN C LEEVELEY
CITY-ST-ZIP	2993 ROUEN	2.4 CITY-ST-ZIP	1000 ANCHORAGE COURT
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTNUT, DAVID E.	3.2 NAME	
STREET ADDRESS	2993 ROUEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **1/13/98** **467 316 0036**

CR2E034 (10/97)