

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94802 (8)

1. Corporation Name

KINKO'S COPIES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1410 MARKET STREET  
TALLAHASSEE FL 32315  
US

P.O. BOX 38220  
TALLAHASSEE FL 32315-8220  
US



3. Date Incorporated or Qualified

08/17/1982

3a. Date of Last Report

01/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

31-1039083

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

VOGIAS, CHRISTOPHER  
2533 LAKEFAIR DR  
TALL FL 32311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	VOGIAS, DAVID A	174 CURRIE HALL	KENT, OHIO 00000	<input type="checkbox"/>
VD	VOGIAS, JULIE A	2533 LAKEFAIR	TALLAHASSEE FL	<input type="checkbox"/>
PD	VOGIAS, CHRISTOPHER	2533 LAKEFAIR DR	TALLAHASSEE FL	<input type="checkbox"/>
D	ORFALEA, PAUL	255 WEST STANLEY	VENTURA CA	<input type="checkbox"/>
D	VOGIAS, TARI S	174 CURRIE HALL	KENT, OHIO 00000	<input type="checkbox"/>
TD	WARREN, JIM	6 CONCOURSE PKWY, STE. 2300	ARANTA GA	<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER VOGIAS

6/4/96 5/12

CR2E034 (3/96)