

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003834 (6)

1. Corporation Name

CORRESPONDENCE COPY SERVICE, INC. OF GEORGIA



Principal Place of Business

958 MCEVER RD. EXT., STE. B4
P.O. BOX 1749
GAINESVILLE GA 30503-1749

Mailing Address

958 MCEVER RD. EXT., STE. B4
P.O. BOX 1749
GAINESVILLE GA 30503-1749

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/30/1996

3a. Date of Last Report

4. FEI Number

58-2163453

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, RONI
ATTN: MEDICAL RECORDS
400 N. CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32120

10. Name and Address of New Registered Agent

81 Name

Gloria Monteiro

82 Street Address (P.O. Box Number is Not Acceptable)

23024 Mayfair Rd.

83

84 City

Land O' Lakes FL

85 Zip Code

34639

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 I 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

Gloria Monteiro

7-12-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DEFOOR, MARK
STREET ADDRESS 958 MCEVER RD. EXT., STE. B4
CITY-ST-ZIP GAINESVILLE GA 30503-1749

TITLE V ☐ DELETE

NAME POPE, GINGER
STREET ADDRESS 958 MCEVER RD. EXT., STE. B4
CITY-ST-ZIP GAINESVILLE GA 30503-1749

TITLE S ☐ DELETE

NAME DEFOOR, ELLEN
STREET ADDRESS 958 MCEVER RD. EXT., STE. B4
CITY-ST-ZIP GAINESVILLE GA 30503-1749

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

F.D. SIGNATURE OF REGISTERED AGENT 7/11/97 (200) 532-7153

CR2E034 (4/97)