

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

FILED
Apr 22 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 # F96000003834 (6)
1. Corporation Name
CORRESPONDENCE COPY SERVICE, INC. OF GEORGIA



Principal Place of Business Mailing Address
958 MCEVER RD. EXT., STE. B4
P.O. BOX 1749
GAINESVILLE GA 30503-1749
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4799 Helton Rd.		26 P.O. Box 1749		07/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2163453	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Gainesville, GA		28 Gainesville, GA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 30506		29 30503		30 U.S.	
Country		Country			
25 U.S.		30 U.S.			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONTEIRO, GLORIA
23024 MAYGAIR RD
~~400 N. GUYE MORRIS BLVD.~~
LAND O LAKES FL 34639

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	P	1.1 TITLE	President
NAME	DEFOOR, MARK	1.2 NAME	DeFoor, Mark
STREET ADDRESS	958 MCEVER RD. EXT., STE. B4	1.3 STREET ADDRESS	4799 Helton Rd.
CITY-ST-ZIP	GAINESVILLE GA 30503-1749	1.4 CITY-ST-ZIP	Gainesville, GA 30506
TITLE	V	2.1 TITLE	
NAME	POPE, GINGER	2.2 NAME	
STREET ADDRESS	958 MCEVER RD. EXT., STE. B4	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE GA 30503-1749	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Secretary
NAME	DEFOOR, ELLEN	3.2 NAME	DeFoor, Ellen
STREET ADDRESS	958 MCEVER RD. EXT., STE. B4	3.3 STREET ADDRESS	4799 Helton Rd.
CITY-ST-ZIP	GAINESVILLE GA 30503-1749	3.4 CITY-ST-ZIP	Gainesville, GA 30506
TITLE		4.1 TITLE	Treasurer
NAME		4.2 NAME	DeFoor, Ellen
STREET ADDRESS		4.3 STREET ADDRESS	4799 Helton Rd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Gainesville, GA 30506
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Ellen G. DeFoor - Ellen A DeFoor 2/25/98 (770)983-9550

CR2E034 (10/97)