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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G76984** (5)

1. Corporation Name

COPYCO OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

**1111 N. C.R. 427
STE. 141
LONGWOOD FL 32750
US**

**P. O. BOX 150419
ALTAMONTE SPRINGS FL 32715-0419
US**

3. Date Incorporated or Qualified
12/28/1983

3a. Date of Last Report
08/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYNER, ROBERT J
1111 N. C.R. 427, STE. 141
LONGWOOD FL 32750**

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 **PD** ☐ DELETE
NAME **MEIXSELL, TRACEY ANN**
STREET ADDRESS **1211 NORTH ROUTE 427**
CITY-STATE-ZIP **LONGWOOD FL**

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Scott Meixsell**
1.3 STREET ADDRESS **1111 N. C.R. 427 STE 141**
1.4 CITY-STATE-ZIP **Longwood, FL 32750**

TITLE **ST** ☐ DELETE
NAME **MEIXSELL, JEAN**
STREET ADDRESS **1211 NORTH ROUTE 427**
CITY-STATE-ZIP **LONGWOOD FL**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **Pat English**
2.3 STREET ADDRESS **1111 N. C.R. 427 STE 141**
2.4 CITY-STATE-ZIP **Longwood, FL 32750**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Jean Audrey Meixsell**
3.3 STREET ADDRESS **1111 N. C.R. 427 STE 141**
3.4 CITY-STATE-ZIP **Longwood, FL 32750**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)