

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H06659

1. Corporation Name

FLORIDA REPROGRAPHICS, INC.

(7)  
FLORIDA REPROGRAPHICS, INC.  
600 N. FLORIDA  
TAMPA, FLORIDA 33602



Principal Place of Business

~~101 S 12TH ST~~ 600 N. Florida Ave.  
TAMPA FL 33602

Mailing Address

600 N. Florida Ave.  
~~101 S 12TH ST~~  
TAMPA FL 33602

2. Principal Place of Business

21 **"WE'VE MOVED"**  
**NEW ADDRESS**  
Suite, Apt. # 600 N. FLORIDA AVE.  
22 **TAMPA, FL 33602**  
City & State

2a. Mailing Address

26 **"WE'VE MOVED"**  
**NEW ADDRESS**  
Suite, Apt. # 600 N. FLORIDA AVE.  
27 **TAMPA, FL 33602**  
City & State

3. Date Incorporated or Qualified

06/05/1984

3a. Date of Last Report

04/24/1995

4. FEI Number

59-2438327

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES, CHRISTOPHER W

~~101 S 12TH ST~~  
TAMPA FL 33602

**"WE'VE MOVED"**  
**NEW ADDRESS**  
600 N. FLORIDA AVE.  
**TAMPA, FL 33602**

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	CHARLES, CHRISTOPHER W.	14038 SHADY SHORES DR	TAMPA FL	<input type="checkbox"/>
VSD	CHARLES, NANCY M.	14038 SHADY SHORES DR	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

813-211-

CR2E034 (12/95)