

**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.)**

<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H42788 (0)**

1. Corporation Name

**ADVANCED COPY SERVICES, INC.**



Principal Place of Business

Mailing Address

**155-4 BLANDING BLVD  
155-9 BLANDING BLVD  
ORANGE PARK FL 32073  
US**

**155-4 BLANDING BLVD  
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

**02/14/1985**

3a. Date of Last Report

**04/05/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**FOWLER, PAT M.  
155-5 BLANDING BLVD.  
ORANGE PARK FL 32073**

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 of principal place of business of registered agent and the applicable

(b)(3) Registered Agent Signature required when re-appointing

(b)(4)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	HARRIS, RALPH		
STREET ADDRESS	155-9 BLANDING BLVD		
CITY-ST-ZIP	ORANGE PARK FL		
TITLE	VTD	<input type="checkbox"/> DELETE	
NAME	HOOD, GEORGE		
STREET ADDRESS	155-9 BLANDING BLVD		
CITY-ST-ZIP	ORANGE PARK FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *George L. Hood* **GEORGE L. HOOD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-25-96** **(904) 269-2679**  
Date Registered Agent's Office Phone #

CR2E034 (3/96)