

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J25662 (4)

1. Corporation Name

INDEPENDENT PRINTING & COPY CENTER, INC.



Principal Place of Business

8727-401 PHILLIPS HWY
JACKSONVILLE FL 32256
US

Mailing Address

8727-401 PHILLIPS HWY
JACKSONVILLE FL 32256
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/24/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2702480

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

NANAN, MAHASE
8727-401 PHILLIPS HWY
JACKSONVILLE FL 32256

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 Registered Agent (Required when changing registered agent)

Signature of Registered Agent (Required when changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
NANAN, MAHASE
8727-401 PHILLIPS HWY
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
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CITY- ST- ZIP

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13.

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

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5/1/96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE