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 # **J75085** **(7)**

1. Corporation Name
COPY-MED, INC.

Principal Place of Business	Mailing Address
7419 MERRILL RD JACKSONVILLE FL 32211 US	P O DRAWER 11059 JACKSONVILLE FL 32239 US

3. Date Incorporated or Qualified: 05/27/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2816403 ☐ 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

2. Principal Place of Business (21) ___ Suite, Apt. #, etc. (22) ___ City & State (23) ___ Zip (24) ___ Country (25) ___
2a. Mailing Address (26) ___ Suite, Apt. #, etc. (27) ___ City & State (28) ___ Zip (29) ___ Country (30) ___

9. **Name and Address of Current Registered Agent**

WHITE, MARCIA OR DURW
7419 MERRILL RD
JACKSONVILLE FL 32211

10. **Name and Address of New Registered Agent**

81 Name: WHITE, MARIA or DURWARd
82 Street Address (P.O. Box Number is Not Acceptable): 7419 MERRILL Rd
83
84 City: JACKSONVILLE FL 85 Zip Code: 32277

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	WHITE, MARIA M.	
STREET ADDRESS	7419 MERRILL RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVT	☐ DELETE
NAME	WHITE, DURWARD W.	
STREET ADDRESS	7419 MERRILL RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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: Maria M. White — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/29/96 Daytime Phone #: 904-743-6221

CR2E034 (12/95)