FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # K60704 (9)

1. Corporate Name

JAX COPY CENTERS, INC.

Principal Place of Business

6900 ATLANTIC BLVD
JACKSONVILLE FL 32211

Mailing Address

6900 ATLANTIC BLVD
JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1989

3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City, State — 23

City, State — 28

24 25 29 30

4. FEI Number: 59-2928564 — 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. Does corporation owe any taxes to Florida? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MATCHETT, DAVID B.
311 5TH ST
ATLANTIC BEACH FL 32233

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 Section 607.0505, 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 and it is understood that the corporation's board of directors hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	MATCHETT, DAVID B.
STREET ADDRESS	311 5TH ST
CITY, ST, ZIP	ATLANTIC BEACH FL
TITLE	ST
NAME	CROSS, CLAY B
STREET ADDRESS	4937 RED PINE CT
CITY, ST, ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this report, including any required additions, is true and complete. I further certify that the information indicated on the annual report or supplemental amendment to be filed at a later date will be current and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof or I am a designee listed with an asterisk.

SIGNATURE: 5/2/95 (904)721-8021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0017871 CP