

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K69923 (6)

1. Corporation Name

COPY MASTER PRINT SHOP, INC.



Principal Place of Business

1383 MAIN STREET
DUNEDIN FL 34698

Mailing Address

1383 MAIN STREET
DUNEDIN FL 34698

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BARKER, JOSEPH O., JR.
2970 GLENPARK ROAD
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

03/02/1989

3a. Date of Last Report

04/04/1995

4. FFI Number

59-2932028

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

81 Name

Phyllis P. Barker

82 Street Address (P.O. Box Number is Not Acceptable)

2970 Glenpark Rd

83

Palm Harbor

84 City

FL

85 Zip Code

34683

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

Phyllis P. Barker

Phyllis P. Barker

3-12-96

Signature, typed or printed name of registered agent and the filer, if applicable

Signature, typed or printed name of registered agent and the filer, if applicable

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | BARKER, JOSEPH O JR | |
| STREET ADDRESS | 2970 GLENPARK ROAD | |
| CITY - ST - ZIP | PALM HARBOR FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BARKER, PHYLLIS P | |
| STREET ADDRESS | 2970 GLENPARK ROAD | |
| CITY - ST - ZIP | PALM HARBOR 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

| | | |
|---------------------|-----------------------|--|
| 1. TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Phyllis P. Barker | |
| 3. STREET ADDRESS | 2970 Glenpark Rd. | |
| 4. CITY - ST - ZIP | Palm Harbor, FL 34683 | |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | | |
| 7. STREET ADDRESS | | |
| 8. CITY - ST - ZIP | | |
| 9. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | | |
| 11. STREET ADDRESS | | |
| 12. CITY - ST - ZIP | | |
| 13. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | | |
| 15. STREET ADDRESS | | |
| 16. CITY - ST - ZIP | | |
| 17. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | | |
| 19. STREET ADDRESS | | |
| 20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phyllis P. Barker Phyllis P. Barker 3-12-96 (813) 736-5935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

DATE OF FILING

CR2E034 (12/95)