SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K82771** **(2)**

1. Corporation Name
CENTRAL FLORIDA COPY CENTERS, INC.

Principal Place of Business	Mailing Address
% WALTER M. TOVKACH 527 E UNIVERSITY AVE GAINESVILLE FL 32601	800 N. MAGNOLIA AVENUE ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1989
3a. Date of Last Report: 06/16/1994

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

4. FEI Number: 59-2944687 — 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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NARGI, RONALD J 800 N. MAGNOLIA AVE. STE. 102 ORLANDO FL 32803	81 Name: Ebanks, Steven L 82 Street Address (P.O. Box Number is Not Acceptable): 800 N. Magnolia Ave. 83: Ste. 102 84 City: Orlando FL 85 Zip Code: 32803

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: Steven L Ebanks, Steven L Ebanks, Secretary Treasurer — DATE: 7/11/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	NARGI, RONALD, JOSEPH	12 NAME	Kemp, Keith, N.	
STREET ADDRESS	1023 MANIGAN AVE	13 STREET ADDRESS	135 Oakland Hills Ct.	
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	Orlando, FL 32828	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	EBANKS, STEVEN L	22 NAME		
STREET ADDRESS	309 WICKHAM CT	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(i), 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: Steven L Ebanks — Steven L Ebanks — Date: 7/11/95 — (407) 425-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0011400 CP