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Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L39260 (9)

1. Corporation Name  
COPIES TOMORROW OF SARASOTA, INC.



Principal Place of Business  
1748 INDEPENDENCE BLVD.  
G-6  
SARASOTA FL 34234  
US

Mailing Address  
1748 INDEPENDENCE BLVD.  
G-6  
SARASOTA FL 34234-2154  
US

3. Date Incorporated or Qualified 01/01/1990  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business  
21 4152 Independence Ct  
Suite, Apt. #, etc. Suite C4  
22 City & State Sarasota Fla  
23 Zip 34234 Country Sarasota  
24 34234 25 Sarasota 26 4152 Independence Ct  
Suite, Apt. #, etc. Suite C4  
27 City & State Sarasota Fla  
28 Zip 34234 Country Sarasota  
29 34234 30 Sarasota

4. FEI Number 65-0171922  
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

9. Name and Address of Current Registered Agent  
CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE RD  
STE C  
SARASOTA FL 34239

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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE P ☐ DELETE  
NAME JOHN HARTNETT  
STREET ADDRESS 8010 41ST AVE., E  
CITY-ST-ZIP BRADENTON FL  
TITLE VP ☐ DELETE  
NAME VALERIEJEAN HARTNETT  
STREET ADDRESS 8010 41ST AVE., E  
CITY-ST-ZIP BRADENTON FL  
TITLE ST ☐ DELETE  
NAME VALERIEJEAN HARTNETT  
STREET ADDRESS 8010 41ST AVE., E  
CITY-ST-ZIP BRADENTON 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: Valerijeane Hartnett 4/28/97 941-351 2512

CR2E034 (9/96)