

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

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95 JAN -9 PM 12:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000065537
1. Corporation Name
CITY BLUE REPROGRAPHICS

Principal Place of Business Mailing Address
**2804 - D CAPITAL CIRCLE NE.
TALLAHASSEE, FL 32308**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/93** 3a. Date of Last Report **9-1-94**

| | | | |
|--|--|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21. CITY BLUE REPROGRAPHICS | 26. CITY BLUE REPROGRAPHICS | 59-3195926 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 22. 2804 - D CAPITAL CIRCLE NE. | 27. 2804 - D CAPITAL CIRCLE NE. | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. TALLAHASSEE, FL | 28. TALLAHASSEE, FL 32308 | | |
| Zip | Country | | |
| 24. 32308 | 25. U.S. | | |
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|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| ROBERT S. COHEN ESQ 40 HABEN PENNINGTON 215 S. MONROE ST TALLAHASSEE, FL 32308 | 81 Name 600001375996 82 Street Address (P.O. Box Number is Not Acceptable) 01411295-01023-041 ****208.75 ****208.75 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE PD | Laura A. Montgomery 2030 Doomar Dr Tallahassee, FL 32311 | 1.1 TITLE PD | IRENE SENJA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | 2109 DANSHIRE DRIVE |
| STREET ADDRESS | | 1.3 STREET ADDRESS | TALLAHASSEE FL 32308 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE TD | PATRICIA R Newton 1111 AIRPORT ROAD WEST CHESTER, PA 19380 | 2.1 TITLE TD | MICHAEL SENJA JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | 2109 DANSHIRE DR |
| STREET ADDRESS | | 2.3 STREET ADDRESS | TALLAHASSEE, FL 32308 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE SD | GENTILE CAROLYN M 236 EAST THIRD NO ST. ANTHONY, ID 83445 | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE DGM | MICHAEL SENJA SR. 1193 WADDEN RD TALLAHASSEE, FL 32311 | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 110.07(3)(4), Florida Statute. 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Irene Senja** **1-8-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)