

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P94000014230 (4)**

1. Corporation Name

COPY DYNAMICS OF JACKSONVILLE, INC.

95 JUN 30 AM 9:54

Principal Place of Business

Mailing Address

**C/O JAMES CIRILLO
8840-3 ATLANTIC BLVD
JACKSONVILLE FL 32211**

**C/O JAMES CIRILLO
8840-3 ATLANTIC BLVD
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/17/1994	3a. Date of Last Report
4. FCI Number 59-3227642	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

24. County

28. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CIRILLO, JAMES
C/O JAMES CIRILLO
8840-3 ATLANTIC BLVD
JACKSONVILLE FL 32211**

81. Name WILLIAM PEREZ
82. Street Address (P.O. Box Number is Not Acceptable) 8840-3 ATLANTIC BLVD
83. City & State
84. JACKSONVILLE FL 85. Zip Code 32211

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

WILLIAM PEREZ

[Signature]

6-12-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	CIRILLO, JAMES
STREET ADDRESS	8840-3 ATLANTIC BLVD
CITY, ST, ZIP	JACKSONVILLE FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	D	☒ Change ☐ Addition
2. NAME	PEREZ, WILLIAM	
3. STREET ADDRESS	8840-3 ATLANTIC BLVD	
4. CITY, ST, ZIP	JACKSONVILLE FL 32211	☐ Change ☐ Addition
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		☐ Change ☐ Addition
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		☐ Change ☐ Addition
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		☐ Change ☐ Addition
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		☐ Change ☐ Addition

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 190.07(1)(b), 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: *[Signature]* **WILLIAM L. PEREZ** **6-10-95** **(305) 251-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)