

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90029 033 ***150.00

DOCUMENT # P94000044552

1. Corporation Name
PRO COPY SERVICES, INC.

Principal Place of Business
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33634
US

Mailing Address
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33637



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1994

4. FEI Number
59-3106463

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5898 JET PORT IND. BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 1100-T 24TH STREET
Suite, Apt. #, etc.

City & State

23 TAMPA FL 33634
Zip Country

City & State

28 KENNER LA 70062
Zip Country

24

25

29

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9. Name and Address of Current Registered Agent

FERGUSON, ALAN
5898 JET PORT INDUSTRIAL BOULEVARD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

ALAN FERGUSON

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

1100-T 24TH STREET

83

84 City

KENNER LA 70062

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

1/8/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME FERGUSON, ALAN
STREET ADDRESS 5898 JET PORT INDUSTRIAL BOULEVARD
CITY-ST-ZIP TAMPA FL 33637

TITLE VPST ☒ DELETE
NAME FERGUSON, ALAN
STREET ADDRESS 5898 JET PORT INDUSTRIAL BOULEVARD
CITY-ST-ZIP TAMPA FL 33637

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 P ☒ Change ☐ Addition
1.2 NAME FERGUSON, ALAN
1.3 STREET ADDRESS 1100-T 24TH STREET
1.4 CITY-ST-ZIP KENNER LA 70062

2.1 TITLE VPST ☒ Change ☐ Addition
2.2 NAME FERGUSON, ALAN
2.3 STREET ADDRESS 1100-T 24TH STREET
2.4 CITY-ST-ZIP KENNER LA 70062

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 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, with all other like empowered.

SIGNATURE: ALAN FERGUSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (504) 464-0078

Date

Daytime Phone #

CR2E034 (11/98)

0397351