SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P95000051787 (6)

1. Corporation Name

TURNKEY LASER PROCESSING & MAILING, INC.

Principal Place of Business	Mailing Address
~~224 S MELVILLE AVE #5~~ ~~TAMPA FL 33606~~ 4015 BAYSHORE BLVD #8E TAMPA, FL 33611-1702	~~224 S MELVILLE AVE #5~~ ~~TAMPA FL 33606~~ 4015 BAYSHORE BLVD #8E TAMPA, FL 33611-1702

2. Principal Place of Business	2a. Mailing Address
21 4015 BAYSHORE BLVD	26 4015 BAYSHORE BLVD
Suite, Apt. #, etc. 22 8E	Suite, Apt. #, etc. 27 STE. #8E
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33611-1702 Country 25 USA	Zip 29 33611-1702 Country 30 USA

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report:
4. FEI Number: 59-3321252 ☐ 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

COYLE, JEFFREY M
224 S MELVILLE AVE #5
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: COYLE JEFFERY M
82 Street Address (P.O. Box Number is Not Acceptable): 4015 BAYSHORE BLVD STE. # 8E
83
84 City: TAMPA FL 85 Zip Code: 33611

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 _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	COYLE, JEFFREY M	
STREET ADDRESS	~~224 S MELVILLE AVE #5~~	
CITY-ST-ZIP	~~TAMPA FL 33606~~	
TITLE		☐ DELETE
NAME	4015 BAYSHORE BLVD 8E	
STREET ADDRESS	TAMPA FL 33611-1702	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Coyle 6/18/96 813-960-1077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #