

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086728 (9)

1. Corporation Name

COPY CENTRAL, INC.



Principal Place of Business

1469 NORTH MAGNOLIA AVENUE  
SUITE H  
OCALA FL 34475

Mailing Address

1469 NORTH MAGNOLIA AVENUE  
SUITE H  
OCALA FL 34475

3. Date Incorporated or Qualified  
11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 1713 E. SILVER SPAS BLVD

2a. Mailing Address

26 SAME

4. FEI Number

59-3348850

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 1

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Ocala FL

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 34470

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name CHERYL A. WAGNER

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

8 Pine Run Terrace

83

84 City Ocala

FL

85 Zip Code

34472

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

CHERYL A. WAGNER, PRES

4/8/96

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

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NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

PRES

CHERYL A. WAGNER

8 PINE RUN TERRACE

OCALA, FL 34472

VP

PEDRO A. COMAS

640 N. 21ST AVE

OCALA, FL 34470

SEC/TREAS

JACQUELINE C. McCLEAF

640 N. 21ST AVE

OCALA, FL 34470

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)(k), 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:

CHERYL A. WAGNER, PRES

4/8/96

352 351 1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

Daytime Phone #

CR2E034 (12/95)