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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075398 (3)

TAMPA BAY COPIERS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

FILED Feb 16 1998 8:00am Secretary of State



813·580·7596

1333 RIDGE RD. #1104 P.O. BOX 743 **LARGO FL 34648** LARGO FL 33779-0743 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1996 2. Principal Place of Busin Mailing Address Applied For 21 59-3404802 Not Applicable Suite, Apt. #, etc Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 30 Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name BRAYTON, MICHELLE 2044 MARY SUE ST. Street Address (P.O. Box Number is Not Acceptable) 82 **LARGO FL 33774** 83 84 City 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 Lorida. 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 profiled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE BRAYTON, MICHELLE NAME 1.2 NAME 13333 RIDGE RD #1104 STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE ___ Addition TITLE Change 4 1 TiTLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 altachment with an address.