04221999-90107-009-$150.00-$150.00

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90107 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P98000036478**

1. *Corporation Name*
THE PRESENTATION GROUP LEGAL COPIES, INC.

Principal Place of Business	Mailing Address
6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 200 *ORLANDO FL 32809*	6220 SOUTH ORANGE BLOSSOM TRAIL SUITE 200 *ORLANDO FL 32809*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/22/1998	
21	26 200 S. ORANGE AVE.	4. FEI Number: 59-3509019	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 STE 2300	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 32801-3432 / Country 30 US	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
A.G.C. CO. 2300 SUN BANK CENTER 200 SOUTH ORANGE AVENUE ORLANDO FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 32801

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	LOTT, JAMES E JR.		1.2 NAME	Lott, James, Jr.	
STREET ADDRESS	2040-3 ENGLISH CHANNEL COURT		1.3 STREET ADDRESS	2040-3 English Channel Court	
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE	D	☐ DELETE	2.1 TITLE	VP/Sec/D	☑ Change ☐ Addition
NAME	WALKER, CHARLES C		2.2 NAME	Walker, Charles C.	
STREET ADDRESS	4301 LIZSHIRE LANE C-102		2.3 STREET ADDRESS	4301 Lizshire Lane C-102	
CITY-ST-ZIP	ORLANDO FL 32822		2.4 CITY-ST-ZIP	Orlando, Fl 32822	
TITLE	D	☐ DELETE	3.1 TITLE	VP/T/D	☑ Change ☐ Addition
NAME	MEAD, LONNY A		3.2 NAME	Mead, Lonny A.	
STREET ADDRESS	2586 CONWAY GARDENS ROAD		3.3 STREET ADDRESS	2586 Conway Gardens Road	
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP	Orlando, Fl 32806	
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☑ Addition
NAME			4.2 NAME	Eric Henry Lott	
STREET ADDRESS			4.3 STREET ADDRESS	6626 Orange Knoll Drive	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE		☐ DELETE	5.1 TITLE	VP	☐ Change ☑ Addition
NAME			5.2 NAME	Donna Kay Hooper	
STREET ADDRESS			5.3 STREET ADDRESS	3604 Bocage Drive, Ap t. 908	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, Fl 32812	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [signature] RE DONNY MEAD VICE PRES 4/15/99 407/859-3099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #