

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:29

DOCUMENT # S25083

(4)

1. Corporation Name

COPIER SERVICE SPECIALISTS, INC.

Principal Place of Business

6507 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

Mailing Address

6507 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/14/1991

3a. Date of Last Report

04/11/1994

4. FEI Number

59-3048633

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

2. Principal Place of Business

21 7211 VISTA WAY

2a. Mailing Address

26 7211 VISTA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PORT RICHEY, FL.

City & State

28 PORT RICHEY, FL.

Zip

24 34668

Country

25 PASCO

Zip

29 34668

Country

30 PASCO

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURKIN, JIM
7211 VISTA WAY
PORT RICHEY FL 34668

81 Name

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

83

84 City

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 of officer or director of corporation or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DURKIN, JAMES J
STREET ADDRESS	7211 VISTA WAY
CITY - ST - ZIP	PT RICHEY FL
TITLE	VP
NAME	DURKIN, KATHY I
STREET ADDRESS	7211 VISTA WAY
CITY - ST - ZIP	PT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/95 (S13) 846-7689