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 # **S49156** **(0)**

1. Corporation Name
ALL AMERICA COPY CENTER, INC.

Principal Place of Business	Mailing Address
~~1719 E SILVER SPRINGS BLVD~~ ~~OCALA FL 34470~~ 2500 S.W. 17th Rd. #300 Ocala, FL. 34475	~~1719 E SILVER SPRINGS BLVD~~ ~~OCALA FL 34470~~ 2500 S.W. 17th Rd. #300 Ocala, FL. 34475

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2500 S.W. 17th Rd. #300	26 2500 S.W. 17th Rd.	04/28/1991	10/27/1995
Suite, Apt. #, etc	Suite, Apt. #, etc	4. FEI Number	☐ Applied For ☐ Not Applicable
22 Ocala, FLORIDA	27 Bldg. 300	59-3071288	
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 34474	28 Ocala, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
24 34474 / 25 U.S.A.	29 34474 / 30 U.S.A.		

9. Name and Address of Current Registered Agent

HEAGY, ROBERT T, III
~~1713 E SILVER SPRINGS BLVD~~
~~OCALA FL 34470~~
2500 S.W. 17th Rd. Bldg. 300
Ocala, FL 34475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2500 S.W. 17th Rd.
83 Bldg. 300
84 City Ocala **FL** 85 Zip Code 34474

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEAGY, ROBERT T. III 3887 SE 45 PLACE OCALA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HEAGY, JANINE 3887 SE 45 PLACE OCALA FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEAGY, ROBERT T. JR. P.O. BOX 187 ORANGE LAKE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition P.O. Box 187 (N/A) Orange Lake FL 32681
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 500001905175 -07/26/96--01011--002 ***225.00

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

SIGNATURE: Robert T. Heagy III ROBERT T. HEAGY, III June 27, 1996 352-873-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (3/96)