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Apr 02 1997 8:00am
Secretary of State

FIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 331844
1. Corporation Name
GENERAL COLOR CORPORATION

(1)

Principal Place of Business

604 BREVARD AVE
P. O. BOX 70
COCOA FL 32923-0070

Mailing Address

604 BREVARD AVE
P. O. BOX 70
COCOA FL 32923-0070

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
06/27/1968

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1218387

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

9. Name and Address of Current Registered Agent

FUREDI, STEVEN M.
1940 N. TROPICAL TR.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name
Thomas R. Kraft
82 Street Address (P.O. Box Number is Not Acceptable)
4275 N. Indian River Dr.
83
84 City
Cocoa
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 *Thomas R. Kraft*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when installing)

THOMAS KRAFT
3-27-97
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
KRAFT, THOMAS R
4275 N INDIAN RIVER DR
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KRAFT, THOMAS R.
4275 N. INDIAN RIVER DR
COCOA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Thomas R. Kraft
THOMAS KRAFT
3-18-97
407-631-1607

CR2E034 (9/96)