

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 FEB 13 PM 2:28

DOCUMENT # S18215

(1)

1. Corporation Name

BLACKHAWK COLOR CORPORATION

Principal Place of Business

13900 49TH ST. NORTH
CLEARWATER FL 34622

Mailing Address

13900 49TH ST. NORTH
CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
03/07/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
36-3768941

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

10. Name and Address of New Registered Agent

SANDERSON, LEANN
1178 SAN CARLOS AVE. NE
ST. PETERSBURG FL 33702

01 Name

Sanderson, Leann

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

4520 S. Matanzas Avenue

03

04 City

Tampa

FL

05 Zip Code

33611

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, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

FIESLER, LEANN

STREET ADDRESS

1178 SAN CARLOS AVE NE

CITY-ST-ZIP

ST. PETERSBURG FL

1.1 TITLE

1.2 NAME

Leann Sanderson

1.3 STREET ADDRESS

4520 S. Matanzas Avenue

1.4 CITY-ST-ZIP

Tampa, FL 33611

☒ Change ☐ Addition

TITLE

CD

NAME

SANDERSON, LESTER

STREET ADDRESS

8441 MERRILL CIR.

CITY-ST-ZIP

LARGO FL

2.1 TITLE

2.2 NAME

Sanderson, Lester

2.3 STREET ADDRESS

7437 Watersilk Drive

2.4 CITY-ST-ZIP

Pinellas Park, FL 34666

☒ Change ☐ Addition

TITLE

VD

NAME

SANDERSON, STUART

STREET ADDRESS

522 39TH AVE. NE

CITY-ST-ZIP

ST. PETERSBURG FL

3.1 TITLE

3.2 NAME

Sanderson, Stuart

3.3 STREET ADDRESS

435 34th Avenue NE

3.4 CITY-ST-ZIP

St. Petersburg, FL 33704

☒ Change ☐ Addition

TITLE

SD

NAME

ELLERBY, HAROLD

STREET ADDRESS

1733 PINEHILL CT.

CITY-ST-ZIP

SAFETY HARBOR FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

T

NAME

RILEY, DEBRA

STREET ADDRESS

5137 12TH AVE N.

CITY-ST-ZIP

ST. PETERSBURG FL

5.1 TITLE

5.2 NAME

T Clamage, Georgina

5.3 STREET ADDRESS

4958 61st Avenue South

5.4 CITY-ST-ZIP

St. Petersburg, FL 33715

☒ Change ☒ Addition

TITLE

D

NAME

SANDERSON, DARRELL

STREET ADDRESS

13900 49TH STREET NORTH

CITY-ST-ZIP

CLEARWATER FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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:

Leann Sanderson, President

2/7/95

(813)535-4647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR