FILE NOW: FILING FEE AFTER MAY 1 IS $2 .00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT STATE
Sandra B. Morth
Secretary of Sta
DIVISION OF CORPOR ONS

DOCUMENT # **S18215** **(1)**

1. Corporation Name
BLACKHAWK COLOR CORPORATION

Principal Place of Business	Mailing Address
13900 49TH ST. NORTH CLEARWATER FL 34622	13900 49TH ST. NORTH CLEARWATER FL 34622

3. Date Incorporated or Qualified: **12/13/1990**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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

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

10. Name and Address of New Registered Agent

81 Name: Sanderson, Stuart
82 Street Address (P.O. Box Number is Not Acceptable): 435 34th Avenue N.E.
83
84 City: St. Petersburg **FL** 85 Zip Code: 33704

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: Stuart Sanderson, Pres. DATE: 4/30/96
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	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SANDERSON, LEANN		1.2 NAME		
STREET ADDRESS	4520 S MATAZAS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDERSON, LESTER		2.2 NAME		
STREET ADDRESS	7437 WATERSILK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SANDERSON, STUART		3.2 NAME		
STREET ADDRESS	435 34TH AVE NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLERBY, HAROLD		4.2 NAME		
STREET ADDRESS	1733 PINEHILL CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	CLAMAGE, GEROGINA		5.2 NAME	Thomas, Elaine	
STREET ADDRESS	4958 61ST AVE SOUTH		5.3 STREET ADDRESS	1583 Jonathan Court	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	Largo, FL 34640	
TITLE	D	☐ DELETE	6.1 TITLE	C	☒ Change ☐ Addition
NAME	SANDERSON, DARRELL		6.2 NAME		
STREET ADDRESS	13900 49TH STREET NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Stuart Sanderson, Pres. Stuart Sanderson 4/30/96 (813) 535-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #