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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 34622-9739

3. Date Incorporated or Qualified: 12/13/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 14540 58th Street N.
22: Suite, Apt. #, etc.
23: City & State: Clearwater, FL
24: Zip: 34620
25: Country

2a. Mailing Address
26: 14540 58th Street N.
27: Suite, Apt. #, etc.
28: City & State: Clearwater, FL
29: Zip: 34620
30: Country

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, STUART
435 34TH AVE NE
ST. PETERSBURG FL 33704

10. **Name and Address of New Registered Agent**
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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	S/D	☑ Change ☐ Addition
NAME	SANDERSON, LEANN		1.2 NAME	Corey, Leann S.	
STREET ADDRESS	4520 S MATAZAS AVE		1.3 STREET ADDRESS	2332 Fawn Lake Circle	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Naperville, IL 60564	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDERSON, STUART		2.2 NAME		
STREET ADDRESS	435 34TH AVE NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	ELLERBY, HAROLD		3.2 NAME		
STREET ADDRESS	1733 PINEHILL CT.		3.3 STREET ADDRESS	2100 Swan Lane	
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, ELAINE		4.2 NAME		
STREET ADDRESS	1583 JONATHAN CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	SANDERSON, DARRELL		5.2 NAME		
STREET ADDRESS	13900 49TH STREET NORTH		5.3 STREET ADDRESS	14540 58th Street N.	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Joslin, Timothy	
STREET ADDRESS			6.3 STREET ADDRESS	1212 66th Street N.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	St. Petersburg, FL 33710	

CR2E034 (9/96)

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: _____ Stuart Sanderson 4/2/97 (813) 535-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #