FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
14540 58TH ST N CLEARWATER FL 34620 US	14540 58TH ST N CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24: 33760 Country 25	Zip 29: 33760 Country 30

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): 4200 Bayshore Blvd., N.E.

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 _____ (NOTE: Registered Agent 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	SD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	COREY, LEANN S		1.2 NAME		
STREET ADDRESS	2332 FAWN LAKE CIR		1.3 STREET ADDRESS	6517 N.W. 33rd Avenue	
CITY-ST-ZIP	NAPERVILLE FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	SANDERSON, STUART		2.2 NAME		
STREET ADDRESS	435 34TH AVE NE		2.3 STREET ADDRESS	4200 Bayshore Blvd., N.E.	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELLERBY, HAROLD		3.2 NAME		
STREET ADDRESS	2100 SWAN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		3.4 CITY-ST-ZIP		
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	14540 58TH ST N		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOSLIN, TIMOTHY		6.2 NAME		
STREET ADDRESS	1212 66TH ST N		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: _____ 4.16.98 (813)535-4641