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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V29541

(2)

COLOR DECK, INC.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					2	
13542 PERIWI		13542 PERIWINKLE AVE						
<b>Semino</b> le fl   US	. <b>3484</b> 6	SEMINOLE FL 34646 US			DO NOT WRITE IN	THIS SPACE		
00		00			3. Date Incorporated or Qualified			
					04/13/1992			
2. Principal P	tace of Business	2a. Mailing Address		1 -	4. FEI Number		Applied For	
21 135	+Z reviwinkle AK		<u>imink</u>	IF HIVE	59-3130321		Vot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 .	Additional Required	
City & State	e in la	City & State	1.	=1	6. Election Campaign Financing		0 May Be	
23 DE 1	ninole I-L	28 Semino		<u> </u>	Trust Fund Contribution L		d to Fees	
<b>24</b> "33"	776 Country US		Countr 30	<u>U.</u>	8. This corporation owes or has paid to Personal Property Tax due June 30	. 🔲 Yes	ntangible No	
	g. Name and Address of Current R	tegistered Agent		1	10. Name and Address of New Regis	tered Agent		
	LENTE, ANTHONY P., JR.		81	Name				
2730 CENTRAL AVE				Street Ad	dress (P.O. Box Number is Not Acceptable)			
51	PETERSBURG FL 33712		83					
			84	City		<b>85</b> Zip	Code	
				L	orporation submits this statement for the purp	FL "	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	m familiar with, and accept the obligation Signature, typical or printed name of registered agent a	nd title if applicable (NOTE				DATE		
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	DT	☐ DELETE	1.1 THILE		•	☐ Change	Addition	
NAME	JENNINGS, WILLIAM P		1.2 NAME					
STREET ADDRESS	13542 PERWINKLE AVE			I ADDRESS				
CITY-ST-ZIP TITLE	SEMINOLE FL	DELETE	1.4 CITY - : 2.1 TITLE	ST-ZIP		Change	Addition	
NAME	JENNINGS, KATHY	L_ DELETE	2.2 NAME			Change	L_J Addition	
STREET ADDRESS	13542 PERIWINKLE AVE			I ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		2. 4 CITY-	<b> </b>				
TITLE	S	DELETE	3.1 TITLE		.9	Change	Addition	
NAME	KHOLAS, MATTHEW		3.2 NAME	5	<b>S</b> Scatt Huff 13542 feriwinkle			
STREET ADDRESS	13542 PERIWINKLE AVENUE		3.3 STREE	T ADDRESS	13542 Periwinkle	Ave.		
CITY-ST-ZIP	SEMINOLE FL		34 CITY-		Seminole FL			
TITLE	V	DELETE	4.1 TITLE	]		☐ Change	☐ Addition	
NAME	BILLS, KENNETH	• • • • • • • • • • • • • • • • • • • •	4. 2 NAME	į				
STREET ADDRESS	13542 PERIWINKLE AVE		4.3 STREE	ADDRESS				
CITY-ST-ZIP	SEMINOLE FL	T BY: FWF	4.4 CITY-1	ST - ZIP				
TITLE		☐ DELETÉ	5 1 THTLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CiTY-1	ST - ZIP		Change	Addition	
TITLE		□ officit	6.1 TITLE			change	☐ WOOHIOH	
NAME STREET ADDRESS			6.2 NAME	r annuero				
				T ADDRESS				
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	6.4 CITY-:		in Section 119 07(3)(i) Florida Statutes I furi	ther certify that th	no information	

Indicated on this annual report or supplied with this minig obes not quality for the exemption stated in Section 1.19.07 (3/0), Florida Statutes. Fluring certify that the informatio indicated on this annual report or supplied ential 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 of 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 or an attachment with an address.

1998

813-372-6561