PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #. 311825

COLOR WHEEL PAINT MFG. CO., INC.

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90019 037 ***150.00



							(II BIE) BIB!		
Principal Place of Business Mailing Address									
2814 SILVER STAR RD ORLANDO FL 32808		2814 SILVER STAR RD ORLANDO FL 32808				DO NOT WRITE I	N THIS S	PACE	
						3. Date Incorporated or Qualifed 12/14/1966			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		- A	plied For
21		26	¬ •			59-1154633		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.]•	•	Additional
22		27	7			5. Certificate of Status Desired		Fee Re	equired
City & Stat	e	City & State				6. Election Campaign Financing	1	\$5.00	•
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current			п.,
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Regi	stered Aç	gent	
et Di	LIDE CHADLES			٥'	Name				
	ube, Charles I Silver Star Road	•	82 Street A			ess (P.O. Box Number is Not Acceptable)		
	ANDO FL 32808			83				_	
OnL	THE I L OCCUP			0.3					
			•	84	City		FL	85 Zip	Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Fi	authorized orida Statu	by t	the corporatio	oration submits this statement for the pur n's board of directors. I hereby accept th	e appoint	ment as re	egistered
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	Agent	t signature required	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	VD	DELETE	1.1 TIT	LE		7,001110110101101101101101101101101101101		Change	Addition
NAME	STRUBE, DONALD	_	1.2 NA						
STREET ADDRESS	LAKE BUTLER-BLVD.BOX 190				ADDRESS	·			
CITY-ST-ZIP	WINDERMERE FL		1.4 CIT						
TITLE	PD	☐ DELETE	2.1 TIT					Change	Addition
NAME	STRUBE, STEVEN K.		2.2 NA	ME					
STREET ADDRESS	3340 WAXBERRY CT.		2.3 \$TI	REET	ADDRESS				
CITY-ST-ZIP			. 2. 4 CI	TY-S1	T-ZIP				
TITLE	STD DELETE			LE				Change	☐ Addition
NAME	STRUBE, CHARLES		3.2 NA	ME					
STREET ADDRESS	W. PARK AVE. BOX 63		3.3 ST	REET	ADDRESS				
CITY-ST-ZIP	WINDERMERE FL		3.4. CF	7Y-S1	T-ZIP				
TITLE	٧	☐ DELETE	4.1 TIT	le -				Change	Addition
NAME	STRUBE, DAVID K.		4. 2 NA	AME					
STREET ADDRESS	OAKDALE ST.	•	4.3 STI	REET	ADDRESS				
C!TY-ST-ZIP	WINDERMERE FL	<u> </u>	4.4 CIT	ΓY-S <u>T</u>	-ZIP				
TITLE	٧	☐ DELETE	5.1 TIT					☐ Change	Addition
NAME	STRUBE, DONALD JR.		5.2 NA	ME					
STREET ADDRESS	1218 SHADY LANE		5.3 ST	REET	ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CIT		r-ZIP				
TITLE	V	☐ DELETE	6.1 TIT					Change	☐ Addition
NAME	STRUBE, RICHARD K.		6.2 NA						
STREET ADDRESS	5314 PEBBLE BEACH DR				ADDRESS				
	ODLANDO EL		64.00	rv_91	- 7ŧP				

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, og on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 Pate /99

Daytime Phone #

K2E034 (11/98)