

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 013 ***150.00

DOCUMENT # 360463

1. Corporation Name
GREYHOUND COLORS INC

Principal Place of Business
1714 N ARMENIA AVE
TAMPA FL 33607
US

Mailing Address
1714 N ARMENIA AVE
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1970

4. FEI Number

NOT APPLICABLE

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 the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, LARRY DEAN
2526 PALMETTO ST.
TAMPA FL 33607

81 Name

GONZALEZ, LARRY DEAN

82 Street Address (P.O. Box Number is Not Acceptable)

1714 N. ARMENIA AVE

83

84

TAMPA

FL

85 Zip Code
33607

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME RAYNALDO, GONZALEZ
STREET ADDRESS 1421 MORROW DR.
CITY-ST-ZIP CLEARWATER FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME GONZALEZ DEAN LARRY
1.3 STREET ADDRESS 1714 N. ARMENIA AVE
1.4 CITY-ST-ZIP TAMPA, FL. 33607

TITLE VD ☒ DELETE
NAME GONZALEZ, LARRY
STREET ADDRESS 2526 PALMETTO ST.
CITY-ST-ZIP TAMPA FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME GONZALEZ REY TONY
2.3 STREET ADDRESS 1714 N. ARMENIA AVE
2.4 CITY-ST-ZIP TAMPA, FL. 33607

TITLE STD ☒ DELETE
NAME ORIHUELA, LORRAINE
STREET ADDRESS 1716 WARRINGTON WAY
CITY-ST-ZIP TAMPA FL

3.1 TITLE STD ☒ Change ☐ Addition
3.2 NAME GONZALEZ REYNALDO
3.3 STREET ADDRESS 75 N. VALLE VERDE DR. 1923
3.4 CITY-ST-ZIP HENDERSON, NV 89014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Larry Gonzalez
LARRY GONZALEZ

REQUIRED

3/29/99

813-870-0987

Date

Daytime Phone #

CR2E034 (11/98)