

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

1-29-96 B-0405-C

DOCUMENT # **455697** (3)

1. Corporation Name

ORANGE PARK COLOR CENTER, INC.



Principal Place of Business Mailing Address
1103 PARK AVENUE
ORANGE PARK FL 32073-4123

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **01/25/1995**
4. FEI Number **59-1545639** 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

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
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETT, JOHN P.
1103 PARK AVENUE
ORANGE PARK FL

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

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, JOHN P	12 NAME	
STREET ADDRESS	8335 MALAGA ST	13 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 00000	14 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, BERTIE S	22 NAME	
STREET ADDRESS	8335 MALAGA ST	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK, FL 00000	24 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINNEY, CAROLYN F	32 NAME	
STREET ADDRESS	4161 MUSTANG RD	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 00000	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John P. Everett, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96 904-264-7921
Date Daytime Phone #

CR2E034 (12/95)