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

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:16

DOCUMENT # **680573** **(3)**

1. Corporation Name

**AD COLOR PRINTING, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10300 RIVERSIDE DRIVE<br>C/O KENNETH ROGER COLEMAN<br>PALM BEACH GARDENS FL 33410 | 10300 RIVERSIDE DRIVE<br>C/O KENNETH ROGER COLEMAN<br>PALM BEACH GARDENS FL 33410 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/31/1980**
3a. Date of Last Report: **06/28/1994**

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

4. FEI Number: **59-2021797** ☐ 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. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

COLEMAN, KENNETH ROGER
10300 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 Section 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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| 12 NAME | COLEMAN, KENNETH ROGER | 12 NAME | |
| 13 STREET ADDRESS | 8260 NATIVE DANCER E. | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | PALM BCH GRDS FL | 14 CITY ST ZIP | |
| 21 TITLE | S | 21 TITLE | ☐ Change ☐ Addition |
| 22 NAME | COLEMAN, ROBERTA M | 22 NAME | |
| 23 STREET ADDRESS | 722 7TH TERRACE | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | PALM BCH GRDNS, FL 00000 | 24 CITY ST ZIP | |
| 31 TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| 32 NAME | | 32 NAME | |
| 33 STREET ADDRESS | | 33 STREET ADDRESS | |
| 34 CITY ST ZIP | | 34 CITY ST ZIP | |
| 41 TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 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)(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 added, above or on an attachment with an address.

**SIGNATURE:** _____ 2-9-96 407-622-2267
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (DATE) (DAYTIME PHONE NUMBER)
KENNETH R. COLEMAN

0250120 CP