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 -3 AM 9:06

DOCUMENT # 695787 (2)

1. Corporation Name
BAY COLOR LAB, INC.

Principal Place of Business	Mailing Address
523 SOUTH MAC DILL AVENUE TAMPA FL 33609	523 SOUTH MAC DILL AVENUE TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/23/1981
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business 21
2a. Mailing Address 26

Suite, Apt. #, etc. 22 / Suite, Apt. #, etc. 27

City & State 23 / City & State 28

Zip 24 / Country 25 / Zip 29 / Country 30

4. FEI Number: 59-2171846 ☐ 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

9. Name and Address of Current Registered Agent

SMITH, LEONARD A.
3312 SAN LUIS STREET
TAMPA FL 33629

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, LEONARD A.	1.2 NAME		
STREET ADDRESS	3312 SAN LUIS STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KATHLEEN A.	2.2 NAME		
STREET ADDRESS	3312 SAN LUIS STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KATHLEEN A.	3.2 NAME		
STREET ADDRESS	3312 SAN LUIS STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, SHERMAN A	4.2 NAME		
STREET ADDRESS	3312 SAN LUIS ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, STACY A	5.2 NAME		
STREET ADDRESS	3312 SAN LUIS ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: Leonard Smith 1-31-95 813-870-0001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Leonard Smith Pres

0203036 CP