

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**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90019 049 \*\*\*150.00

**DOCUMENT # 695787**

1. Corporation Name  
**BAY COLOR LAB, INC.**

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

Mailing Address  
**523 SOUTH MAC DILL AVENUE  
TAMPA FL 33609**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/23/1981**

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 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

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SMITH, LEONARD A.**  
CITY-ST-ZIP **3312 SAN LUIS STREET**  
**TAMPA, FL 00000**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VST**  
STREET ADDRESS **SMITH, KATHLEEN A.**  
CITY-ST-ZIP **3312 SAN LUIS STREET**  
**TAMPA, FL 00000**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SMITH, KATHLEEN A.**  
CITY-ST-ZIP **3312 SAN LUIS STREET**  
**TAMPA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SMITH, SHERMAN A.**  
CITY-ST-ZIP **~~3312 SAN LUIS ST~~**  
**~~TAMPA FL~~**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **SMITH, SHERMAN A.**  
4.4 CITY-ST-ZIP **12228 BOYETTE RD.**  
**RIVERVIEW, FL 33569**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **TAYLOR, STACY A.**  
CITY-ST-ZIP **3312 SAN LUIS ST**  
**TAMPA FL**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SMITH, SHERRY E.**  
CITY-ST-ZIP **12228 BOYETTE RD.**  
**RIVERVIEW, FL 33569**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **D**  
6.3 STREET ADDRESS **SMITH, SHERRY E.**  
6.4 CITY-ST-ZIP **12228 BOYETTE RD.**  
**RIVERVIEW, FL 33569**

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: *Leonard A. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-8-99** **813-870-0001**  
Date Daytime Phone #

CR2E034 (1/98)

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