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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F32025 1. Corporation Name

COLOR CENTER, INC.

FILED Feb 06, 1999 8:00am **Secretary of State**

02-06-1999 90018 033 ***150.00



Principal Place	of Business	Mailing Address						١			1
C/O DONALD J CARNLEY		C/O DONALD J CARNLEY									:
601 N EGLIN PARKWAY FT WALTON BEACH FL 32547		601 N EGLIN PARKWAY FT WALTON BEACH FL 32547			l l	DO NOT WRITE IN THIS SPACE					
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		÷			04/23	/1981					1
2 Dringing Pl	ace of Business	2a. Mailing Address		<u></u>	4. FEI Nu		*		Appl	ied For] [
2. Fillicipal Fi	ace of Business	26			59-21	59-2104745			Not /	Applicable	7,
Suite Ant	#, etc	Suite, Apt. #, etc.						\$8.	7 5 -Ad	lditional	
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City & State		City & State			6. Election	n Campaign Finan	cing			lay Be)
23		28			Trust F	und Contribution		Ad	ded to	Fees	1 1
Zip	Country	Zip	Countr	у	1	rporation owes the	e current year		-	٦	
24	25	29 30	<u> </u>			al Property Tax.		☐ Yes		□No	1
	9. Name and Address of Current	Registered Agent			10. Name	and Address of N	New Register	ed Agent			1 :
	ULEY DOMAID		81	1 Name] ;
COLOGA	NLEY, DONALD J N'EGLIN PARKWAY		82	2 Street Ad	dress (P.O. Box	Number is Not Ad	cceptable)				
	N EGLIN PANKWAT /ALTON BEACH FL 32548		<u> </u>			en e jeggje en j. Person	1.18 (3.80 to 2.8)	F 3.50 9.20	nie i sie	11 11011 114	1 :
FIN	MALION BEACH FE 32340		8	3	• •] ;
			84	4 City				85	Zip Co	ode	
man mouses a	reserves.	<u> </u>				to this statement fo	or the purpose	of changir	on its n	egistered	-
11. Pursuant,	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida Such change was autho	tne abor orized b	ve-named co y the corpora	ation's board of c	directors. I hereby	accept the ap	pointment	as regi	stered	
Fi Vagent l'a	m familiar with, and accept the obligation	ons of, Section 607.0505; Florida	Statute	s.							
SIGNATURE	_										1 .
		WOTE D	-1-2	ant nignature regu	imd when reinstating)	73.90	DATE				1 🖘
	Signature, typed or printed name of registered agent of			ent signature requ	ired when reinstating)	ONS/CHANGES T			CTOR	S IN 12	(86)
12.	OFFICERS AND	DIRECTORS	13.		ADDITIO	ONS/CHANGES T				RS IN 12	(11/98)
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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: