## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # HEGGIA

**/**5\

1. Corporation Name  COLOR PLUS PAINT-N-PAPER, INC.  Principal Place of Business  Mailing Address  8559 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952-3347  Mailing Address  BSS9 SOUTH FEDERAL HIGHWAY PORT ST. LUCIE FL 34952-3347									
						3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1985 02/21/1996			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	,		oplied For
Suite, Apt	# oto	Suite, Apt #, etc.				59-2530827			ot Applicable
22	<b>π</b> , C(C)	27			5. Certificate of Status Desired		<b>\$8.75</b> A		
City & State	θ	City & State				6. Election Campaign Financing		\$5.00	·
3		28	4 · · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in	-a. ~ _	tax under s. D No	. <b>19</b> 9.032,
24	9. Name and Address of Current	29   It Registered Agent	30		<del>,</del>	Florida Statutes  10. Name and Address of New Reg	, .		
KILG	BORE, JEFFREY M			81	Name	100			
428		ŀ	82 Street Address (P.O. Box Number is Not Acceptable)						
POR	RT ST LUCIE FL 34983					DOS (1 , O. DOS FIDERIDOS TO FIDERIDOS PARA	TO J		
				83					
			ļ	84	City		FL	<b>85</b> Zip (	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508. Florida Statul	es. the at	nove-	named corp	poration submits this statement for the p	urpose of	changing it	s registered
office or re	egicth red agent, or both, in the State	of Florida, Such change was a	authorized	J by t	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	of the app	ointment as	registered
SIGNATURE I	/ "I.IIYII. K. J.	10 Yestrey Y	1. K.	10	note.		4-7	-97	
······································			E: Repistered	Agon	signature requir	red when reinstaling)	DATE		
12.	U OFFICERSUND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THLE	PVST KILGORE, JEFFREY M	☐ DELETE	1.1 TiT					Change	Addition
NAME STREET ADDRESS	428 S.E. ASBURY LANE		1.2 NA		innaree				
CITY - ST - ZIP	PORT ST. LUCIE FL 34983		1.3 STHEET ADDRESS 1 4 City-St-Zip		- 1				
TILE	D	DELETE	21 TITLE		- tu		<del></del>	☐ Change	☐ Addition
NAME	KILGORE, JEFFREY M		2 2 NAME						
STREET ADDRESS	428 S.E. ASBURY LANE		23 STREET ADDRESS		NDDRESS .				•
CITY-ST-ZIF	PORT ST. LUCIE FL 34983		2 4 CITY-ST-ZIP		(-ZiP				
TITLE	D DELI		31 TIT	31 TITLE				Change	Addition
NAME	ROBERTSON, MARILYN		32 NA						
STREET ADDRESS	83 AMHURST IOWA CITY IA 52240		1		ADDRESS				
CITY - S1 - ZIP TILLE	IUMA CITT IA UZZAU	34. DELETE 41		ITY-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	Addition
NAME			4 1 N					THE AMENIA	Lad Address
STREET ADDRESS					ADDRESS				
CRY-ST-7IP				TY-\$1-		1 4			
TILLE		DELETE	5 1 111					Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET A	ADDRESS				
CITY - ST - ZIP		I DELETE		TY - ST -	- ZIP		<del></del>	T 80	I same
TITLE		☐ DELETE	6.1 111						☐ Addition
NAME			6 2 NA		· nancoo				
STREET ADDRESS					ADORESS				
City-SI-ZIP 14. I do herek	i by certify that the information supplier	d with this filing does not quali	fy for the	exerr	notion stated	in Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the
informatio	on indicated on this annual report or s ifficer or director of the corporation or in Block 12 or Block 151 changed, or	supplemental annual report is t	true and a	accur	rate and that	my signature shall have the same lega	l effect as tatutes; a	if made und no that my n	der oath; that name

SIGNATURE:

Jeffrey 11. Kilgore (561)878-8451

**FILED** 

Apr 10 1997 8:00am

Secretary of State