

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J85711 (6)

1. Corporation Name

COLOR OPTIONS, INC.



Principal Place of Business

1600 CAPITAL CIRCLE, SW
P.O. BOX 310
TALLAHASSEE FL 32310
US

Mailing Address

1600 CAPITAL CIRCLE, SW
P.O. BOX 310
TALLAHASSEE FL 32310
US

3. Date Incorporated or Qualified

08/05/1987

3a. Date of Last Report

03/27/1995

4. FEI Number

59-2889039

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOWE, FRANCES CASEY
1600 CAPITAL CIRCLE, SW
TALLAHASSEE FL 32310

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

DC

☐ DELETE

NAME

ARCHIBALD, DELBERT M

STREET ADDRESS

ROUTE 3, BOX 745

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

ST

☐ DELETE

NAME

ARCHIBALD, KATHY R.

STREET ADDRESS

RT 3 BOX 745

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

P

☐ DELETE

NAME

PRINCE, ROBERT E

STREET ADDRESS

1600 CAPITAL CIRCLE SW

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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