

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90197 043 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L56270

1. Corporation Name  
COASTAL COLOR, INC.

Principal Place of Business

14286-19 BEACH BLVD  
SUITE 106  
JACKSONVILLE FL 32250  
US

Mailing Address

14286-19 BEACH BLVD  
SUITE 106  
JACKSONVILLE FL 32250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1990

4. FEI Number

59-3001444

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 7511 Merrill Road

26 7511 Merrill Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

Jacksonville, FL

28 City & State

Jacksonville, FL

24 Zip Country

32277 Duval

29 Zip Country

32277 Duval

9. Name and Address of Current Registered Agent

RENN, GREGORY S.  
12365 RUNNING RIVER RD S.  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Renn, Gregory S.

82 Street Address (P.O. Box Number is Not Acceptable)

7234 Ramoth Dr.

83

84 City

Jacksonville,

FL

85 Zip Code

32226

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 the type of change.

(NOTE: Registered Agent signature required when reinstating)

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
RENN, GREGORY S.  
STREET ADDRESS  
12365 RUNNING RIVER RD S.  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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: Gregory S. Renn 4/20/99 904-744-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)