

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P32136

(4)

1. Corporation Name

BLACK-N-WHITE, INC.

Principal Place of Business

Mailing Address

922 HIGHWAY 98 EAST  
DESTIN FL 32541

922 HIGHWAY 98 EAST  
DESTIN FL 32541



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BALL, JAMES K.  
922 HIGHWAY 98 EAST  
DESTIN FL 32541

3. Date Incorporated or Qualified

11/06/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3032952

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

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 of principal or person in charge of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BALL, JAMES K.  
STREET ADDRESS 922 HIGHWAY 98 EAST  
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE S  
NAME OUTZEN, TRACY S.  
STREET ADDRESS 922 HIGHWAY 98 EAST  
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE D  
NAME MENDEL, JAKE  
STREET ADDRESS P.O. BOX 77 N/A  
CITY-ST-ZIP MONTGOMERY AL

☐ DELETE

TITLE D  
NAME BREWER, ALAN  
STREET ADDRESS P.O. BOX 235006 N/A  
CITY-ST-ZIP MONTGOMERY AL

☐ DELETE

TITLE D  
NAME COOKE, WILLIAM  
STREET ADDRESS 220 34TH STREET., S.  
CITY-ST-ZIP BIRMINGHAM AL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/96 (904) 837-1272

CR2E034 (3/96)