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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:02

DOCUMENT # **P93000048140 (6)**

1. Corporation Name
KOLOR TRAX UNLIMITED, INC.

Principal Place of Business	Mailing Address
3280 MULFORD RD MULBERRY FL 33860	PO BOX 8758 LAKELAND FL 33806 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1993	3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-3192070	☐ 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
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 P.O. BOX 5865
27 Suite, Apt. #, etc.
28 City & State: LAKELAND, FL
29 Zip: 33807-5865 30 Country

9. Name and Address of Current Registered Agent

WURTHMANN, JAMES F JR.
3280 MULFORD RD
MULBERRY FL 33860

10. Name and Address of New Registered Agent

81 Name: JAMES F. WURTHMANN JR.
82 Street Address (P.O. Box Number is Not Acceptable): 5070 HANOVER LANE
83
84 City: LAKELAND FL 85 Zip Code: 33813

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: J S Wurthmann Jr President — 2-2-95
(Signature and printed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WURTHMANN, JAMES F JR. 1404 UNITAH AVE LAKELAND FL 33803	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition PD WURTHMANN JAMES F. JR. 5070 HANOVER LANE ~~LAKELAND, FL. 33813~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WURTHMANN, STACEY R 1404 UNITAH AVE LAKELAND FL 33803	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition STD WURTHMANN STACEY R. 5070 HANOVER LANE ~~LAKELAND, FL. 33813~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: J S Wurthmann Jr President — 2-2-95 — 8134250740
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0318070 CP