

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000011310 (7)

1. Corporation Name

COLORS OF CLERMONT, INC.



Principal Place of Business

309 E. HIGHWAY 50  
CLERMONT FL 34712

Mailing Address

309 E. HIGHWAY 50  
CLERMONT FL 34712

3. Date Incorporated or Qualified  
02/10/1994

3a. Date of Last Report  
05/24/1995

4. FEI Number

59-3225069

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

21 309 N. US HWY 27

Suite, Apt. #, etc.

22 Suite C

City & State

23 Clermont, FL

Zip

24 34711

Country

2a. Mailing Address

26 309 N. US HWY 27

Suite, Apt. #, etc.

27 Suite C

City & State

28 Clermont, FL

Zip

29 34711

Country

30

9. Name and Address of Current Registered Agent

STOKES, CYNTHIA L  
05306 ROYAL OAK DR  
FRUITLAND PARK FL 34731

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

Cynthia Stokes, President Cynthia Stokes

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME STOKES, CYNTHIA L  
STREET ADDRESS 05306 ROYAL OAK DR  
CITY-ST-ZIP FRUITLAND PARK FL

TITLE VPS ☐ DELETE  
NAME STOKES, HOLLY C  
STREET ADDRESS 309 E HWY 50  
CITY-ST-ZIP CLERMONT FL

TITLE T ☐ DELETE  
NAME STOKES, SAMUEL E JR  
STREET ADDRESS 309 E HWY 50  
CITY-ST-ZIP CLERMONT FL

TITLE ☐ DELETE  
NAME  
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 ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cynthia Stokes-Cynthia Stokes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/29/96

Daytime Phone #

352-394-5023

CR2E034 (12/95)