

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044226 (6)

1. Corporation Name

CLASSIC COLOUR, INC.

Principal Place of Business

Mailing Address

5722 RIDGESTONE DR.
TAMPA FL 33625

5722 RIDGESTONE DR.
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1984

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3229917

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May be
Added to Fees

24

29

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHALEC, LES
5722 RIDGESTONE DR.
TAMPA FL 33625

81 Name

LES MICHALEC

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

5364 EULICH ROAD

83

SUITE #102

84 City

TAMPA

FL

85 Zip Code
33625

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 file a application

(NOTE: Registered Agent signature required when reconstituted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

MICHALEC, LES

STREET ADDRESS

5722 RIDGESTONE DR.

CITY - ST - ZIP

TAMPA FL 33625

1.1 TITLE

PRES

☒ Change ☐ Addition

1.2 NAME

LES MICHALEC

1.3 STREET ADDRESS

5364 EULICH ROAD SUITE #102

1.4 CITY - ST - ZIP

TAMPA, FL, 33625

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 813-582-5200