FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED
1-29

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073442 (3)**

1. Corporate Name
COLOR WORKS OF PANAMA CITY, INC.

Principal Place of Business
7320 KINGMAN ST. 3
PANAMA CITY BEACH FL 32408

Mailing Address
7320 KINGMAN ST. 3
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3278906 ☐ 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 is liable for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, TINA M
7320 KINGMAN ST, 3
PANAMA CITY BEACH FL 32408

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 Section(s) 607.0401 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 (Required if this is a change of registered agent. Typed or printed name of registered agent and title if agent is corporation.) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
01 Title	D	1 Title	☐ Change ☐ Addition
Name	DAVIS, TINA M	2 Name	
Street Address	7320 KINGMAN ST, 3	3 Street Address	
City-St-Zip	PANAMA CITY BEACH FL 32408	4 City-St-Zip	
02 Title		5 Title	☐ Change ☐ Addition
Name		6 Name	
Street Address		7 Street Address	
City-St-Zip		8 City-St-Zip	
03 Title		9 Title	☐ Change ☐ Addition
Name		10 Name	
Street Address		11 Street Address	
City-St-Zip		12 City-St-Zip	
04 Title		13 Title	☐ Change ☐ Addition
Name		14 Name	
Street Address		15 Street Address	
City-St-Zip		16 City-St-Zip	
05 Title		17 Title	☐ Change ☐ Addition
Name		18 Name	
Street Address		19 Street Address	
City-St-Zip		20 City-St-Zip	
06 Title		21 Title	☐ Change ☐ Addition
Name		22 Name	
Street Address		23 Street Address	
City-St-Zip		24 City-St-Zip	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.0505, 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 above, or on an attachment with an address.

SIGNATURE: Tina M Davis — 5-1-95 — (904)235-9039
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0051815 CP