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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

City - St - 2lf

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

FILED

Apr 11 1997 8:00am

Secretary of State

Addition

Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089237 (9)

GREAT AMERICAN COLOR COMPANY

6406 BENGAL CIRCLE 6406 BENGAL CIRCLE BOYNTON BEACH FL 33437-3214 **BOYNTON BEACH FL 33437** 3. Date incorporated or Qualified 3a. Date of Last Report 12/09/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0539183 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BETH HARVEY 6406 BENGAL CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** 83 84 City 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 🔀 when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition TITLE 1.1 TITLE KEPPICK, EDWARD B NAME 1.2 NAME 6406 BENGAL CIRCLE STREET ADORESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CHY-ST-20 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAMA 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 4.1 TITLE TOLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-Z/P DELETE 5.1 TITLE ☐ Change ☐ Addition THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Date Date Proce &

5.4 CITY-ST-ZIP

6.4 CITY - ST - ZIP

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

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

DELETE

or on an attachment with an address