

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90087 007 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000092388 (5) ✓

1. Corporation Name

Colco of Brandon, Inc.  
d/b/a Your Logo

556440 - 90087 - /

Principal Place of Business

9270 Bay Plaza Blvd.  
Suite 609  
Tampa, FL 33619  
US

Mailing Address

P.O. Box 1573  
Brandon, FL 33509-1573  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12647 U.S. Hwy 19  
Suite, Apt. #, etc.

2a. Mailing Address

26 12647 U.S. Hwy 19  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/22/94

4. FEI Number

59-3305052

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

City & State

23 Hudson, FL

City & State

28 Hudson, FL

Zip

24 34667

Country

25 USA

Zip

29 34667

Country

30 USA

9. Name and Address of Current Registered Agent

Delliveniri, Michael T.  
3701 Kentfield Place  
Valrico, FL 33594

10. Name and Address of New Registered Agent

81 Name

Delliveniri, Michael T.

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

12647 U.S. Hwy 19

83

84 City

Hudson

FL

85 Zip Code

34667

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, to 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 title if applicable.

Michael T. Delliveniri President

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT  
Michael T. Delliveniri  
STREET ADDRESS 3701 Kentfield Place  
CITY-ST-ZIP Valrico, FL 33594

TITLE ☐ DELETE

NAME DVP  
Brenda Delliveniri  
STREET ADDRESS 3701 Kentfield Place  
CITY-ST-ZIP Valrico, FL 33594

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

Michael T. Delliveniri

Michael T. Delliveniri

4-30-99

800-978-5646