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

Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032596 (5)

COLOR & EQUIPMENT, INC.

12126 W 18 ST- 1726 Frankford Ave 1515CM 18-81 1-15 - Lina vk PANAMA-CITY FL 32405 Panama City FI PANAMA CITY FL 92405-4104 Paruma City FI 3. Date Incorporated or Qualified 3a. Date of Last Report 04/24/1995 04/17/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3309427 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Namo KISER, TRAVIS 12120W-1887 1726Frankford Ave 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 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 heroby 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 registers diagrent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE 1.1 TIRE Change Addition NAME KISER. TRAVIS 1.2 NAME CR2E034 12120W 1867 1726 Frankfort Ave... STREET ADDRESS 13 STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 100 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - \$1 - 7IP Change DELITE 317016 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 7IP DELETE ☐ Addition Change TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY- \$1-7IP TITLE DELETE 5.1 InuF Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7:P TITLE DELETE 6.1 101.0 Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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

SIGNATURE

appears in Block 12 or Block 13 it changed, or on an attachment with an address.

904.785.7478

FILED

May 14 1997 8:00am

Secretary of State