FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000055839 (1)

1. Corporation Name

COLSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 2769 HOMOSASSA FL 34447	P.O. BOX 2769 HOMOSASSA FL 34447

3. Date Incorporated or Qualified: 07/12/1995
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3335633 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLSON, TROY
1080 PALM AVE
HOMOSASSA FL 34448

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 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] Troy Colson 4-26-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Sec. Treas	☒ DELETE
NAME	Fred Bunts Jr.	
STREET ADDRESS	657 W Kuhns Ave.	
CITY-ST-ZIP	Lecanto FL 34461	
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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Troy Colson	
1.3 STREET ADDRESS	1080 B PALM AVE	
1.4 CITY-ST-ZIP	Homosassa FL 34448	
2.1 TITLE	[redacted] Vice President	☒ Change ☐ Addition
2.2 NAME	Karl Hanson	
2.3 STREET ADDRESS	328 NE 11 St.	
2.4 CITY-ST-ZIP	Crystal River Fl 34428	
3.1 TITLE	Vice President	☒ Change ☐ Addition
3.2 NAME	Rodney Vasquez	
3.3 STREET ADDRESS	328 NE 11th St.	
3.4 CITY-ST-ZIP	Crystal River FL 34428	
4.1 TITLE	Vice President	☐ Change ☒ Addition
4.2 NAME	Larry Roberts	
4.3 STREET ADDRESS	9620 N. Nightengale Pt.	
4.4 CITY-ST-ZIP	Crystal River FL 34429	
5.1 TITLE	Secretary Treas.	☐ Change ☒ Addition
5.2 NAME	Judy Colson	
5.3 STREET ADDRESS	1080 B Palm Ave	
5.4 CITY-ST-ZIP	Homosassa FL 34448	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 119.07(3)(k), 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] Pres. 4-26-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #