

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000064090 (9)

1. Corporation Name

A COW OF A DIFFERENT COLOR, INC.



Principal Place of Business

Mailing Address

1805 S. MISSOURI AVENUE
SUITE #9
CLEARWATER FL 33156

1805 S. MISSOURI AVENUE
SUITE #9
CLEARWATER FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

2. Principal Place of Business

2a. Mailing Address

21 1509 S. Evergreen Ave

26 1509 S. Evergreen Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3393130

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACLAREN, CATHERINE M
1805 S. MISSOURI AVENUE
SUITE #9
CLEARWATER FL 33156

81 Name

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

1509 S. Evergreen Ave

83

84 City

Clearwater

FL

85 Zip Code

33750

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME MACLAREN, CATHERINE M
STREET ADDRESS 1509 SOUTH EVERGREEN AVENUE
CITY-ST-ZIP CLEARWATER FL 34616 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MACLAREN, PETER M
STREET ADDRESS 1509 SOUTH EVERGREEN AVENUE
CITY-ST-ZIP CLEARWATER FL 34616 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition VT

TITLE T
NAME TUCKER, DENISE D
STREET ADDRESS 1399 S. BELCHER RD., #59
CITY-ST-ZIP LARGO FL 33771 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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.

SIGNATURE Catherine M. MacLaren

2/5/98 (93)591-1859

CR2E034 (10/97)