

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jul 28 1998 8:00am  
Secretary of State

DOCUMENT # P97000023936 (2)

1. Corporation Name  
SCREAMING 4 COLOR, INC.



Principal Place of Business

4709 LENA AVE.  
TAMPA FL 33616

Mailing Address

4709 LENA AVE.  
TAMPA FL 33616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-3429324

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

2. Principal Place of Business

21 1019 HASTINGS COURT

22 Suite, Apt. #, etc.

23 City & State

LUTZ FL

24 Zip

33549

25 Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MESEROLE, BEVERLY S

4709 LENA AVE.

TAMPA FL 33616

10. Name and Address of New Registered Agent

81 Name

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

1019 HASTINGS COURT

83

84 City

LUTZ

FL

85 Zip Code

33549

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 *Beverly S Meserole* BEVERLY S MESEROLE VICE PRESIDENT/REG AGENT  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 07/15/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MESEROLE, BEVERLY S

STREET ADDRESS 4709 LENA AVE.

CITY-ST-ZIP TAMPA FL 33616

TITLE *BES* ☐ 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 D, VP/SEC ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1019 HASTINGS COURT  
LUTZ, FL 33549

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

PRESIDENT, DIR  
GUY E MESEROLE  
1019 HASTINGS COURT  
LUTZ, FL 33549

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D, TREASURER  
WALTER A. SMOAL  
18607 GERACI RD  
LUTZ, FL 33547

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

100002601571

-07/29/98--01022--005

\*\*\*150.00

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 unchanged, or on an attachment with an address.

SIGNATURE *Beverly S Meserole* BEVERLY S. MESEROLE V.P. 07/15/98 (813) 909-1074

CR2E034 (5/98)

PJ2

SCREAMING 4 COLOR, INC.  
1019 Hastings Court  
Lutz, FL 33549  
(813) 909-1074

July 15, 1998

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Attn: Division of Annual Reports, #P97000023936 (2)

Enclosed please find our 1998 Annual Report along with check #1422 in the amount of \$150.00 to cover the \$61.25 report fee and \$88.75 supplemental fee.

We request that you consider waiving the \$400 late fee. Screaming 4 Color, Inc. is a little mom and pop business run by my husband out of our house. In November, we moved from our previous address on Leila Avenue when our home went into foreclosure proceedings. We now rent a home at the above address in Lutz. This is our first year in business, and we were unaware of the requirement to file this annual report. Apparently the original report was not forwarded to our new address. We called your office immediately upon receiving this second report.

We are already struggling to make ends meet. While \$400 might not seem like much to a large corporation, it would create a genuine hardship for us. We respectfully request that you waive the \$400 late fee.

Sincerely,



Beverly S. Meserole  
Vice President

BSM/