

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90036 043 ***317.50

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P98000106716

1. Corporation Name

COASTAL COLOR WORKS, INC.

Principal Place of Business 8081 PHILLIPS HWY. SUITE 21 JACKSONVILLE FL 32256	Mailing Address 8081 PHILLIPS HWY. SUITE 21 JACKSONVILLE FL 32256
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 12/21/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3549513	
City & State 23		City & State 28		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GONZALEZ, JOE M
8081 PHILLIPS HWY, SUITE 21
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **MARTHA KORMAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **8081 Phillips Hwy #21**
 84 City **Jacksonville** FL 85 Zip Code **32256**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KORMAN, MARTHA	1.2 NAME	
STREET ADDRESS	8081 PHILLIPS HWY, SUITE 21	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GREG	2.2 NAME	
STREET ADDRESS	8081 PHILLIPS HWY, SUITE 21	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 (904) 478-1600

CR2E034 (11/98)