

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 30 AM 9: 37

DOCUMENT # **S04767 (7)**  
1. Corporation Name:  
**COLOR PRINT II, INC.**

Principal Place of Business: **125 S. GARDEN AVENUE CLEARWATER FL 34616**  
Mailing Address: **610 COURT STREET CLEARWATER FL 34616 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/03/1990**      3a. Date of Last Report: **08/25/1994**  
4. Fed Number: **59-3130014**      Appointed 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**  
7. This corporation has liability for corporate tax under 1190.1103 Florida Statutes:  Yes  No

21. Principal Place of Business	2a. Mailing Address
22. State, Apt. # etc.	2b. State, Apt. # etc.
23. City & State	2c. City & State
24. Zip	2d. Zip

9. Name and Address of Current Registered Agent  
**GOURGON, JAMIE  
1021 A MICHIGAN DR. W.  
DUNEDIN FL 34608**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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 and 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 hereby authorized and agreed the filing fees of Section 607.0505 Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent)  
\_\_\_\_\_ (Signature of President or Director)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PEARCE, DONNA</b>
STREET ADDRESS	<b>#1 HARBOR WOODS DR. SAFETY HARBOR FL 34895</b>
CITY, ST. ZIP	
TITLE	<b>D</b>
NAME	<b>PEARCE, BETTY</b>
STREET ADDRESS	<b>#1 HARBOR WOODS DR. SAFETY HARBOR FL 34895</b>
CITY, ST. ZIP	
TITLE	<b>S</b>
NAME	<b>PECKHAM, LORI</b>
STREET ADDRESS	<b>1731 HOWE AVE. #504 SACRAMENTO CA 95825</b>
CITY, ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST. ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST. ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, ST. ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, ST. ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, ST. ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, ST. ZIP	

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is otherwise identified with an address.

SIGNATURE: *Betty Pearce*  
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR:  
**BETTY PEARCE**

6/8/95  
813  
4476400