

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:40

DOCUMENT # S19201 (0)
1. Corporation Name
TAMPA BAY COLOR MATCH, CO.

Principal Place of Business Mailing Address
8327 VOLUSIA PL 8327 VOLUSIA PL
TAMPA FL 33637 TAMPA FL 33637
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/13/1990		03/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3043297		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☐ No	
24		25		29		30	

9. Name and Address of Current Registered Agent

BOURDON, FRANCOIS
5005 CASTILE PL #329
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name BOURDON, FRANCOIS
82 Street Address (P.O. Box Number is Not Acceptable) 8327 VOLUSIA PL
83 TAMPA FL.
84 City TAMPA FL FL 85 Zip Code 33637

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 then if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BOURDON, FRANCOIS	1.2 NAME	BOURDON, FRANCOIS
STREET ADDRESS	5005 CASTILE PL #329	1.3 STREET ADDRESS	8327 VOLUSIA PL.
CITY, ST, ZIP	TAMPA FL	1.4 CITY, ST, ZIP	TAMPA, FL. 33637
TITLE	VD	2.1 TITLE	VD
NAME	BOURDON, FRANCE	2.2 NAME	BOURDON, FRANCE
STREET ADDRESS	5005 CASTILE PL #329	2.3 STREET ADDRESS	8327 VOLUSIA PL.
CITY, ST, ZIP	TAMPA FL	2.4 CITY, ST, ZIP	TAMPA, FL. 33637
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 190.07(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, 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1/16/95 (813) 985-3163