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95 MAY - 1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V29541 (2)

1. Corporation Name
COLOR DECK, INC.

Principal Place of Business 13542 PERIWINKLE AVE SEMINOLE FL 34646 US	Mailing Address 13542 PERIWINKLE AVE SEMINOLE FL 34646 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3130321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199(3)(2), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**VALENTE, ANTHONY P., JR.
2730 CENTRAL AVE
ST PETERSBURG FL 33712**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 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 _____ DATE _____
(Signatures, type or printed names of registered agent and officer if applicable) (NOTE: Registered Agent signature required when terminating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	NAME JENNINGS, WILLIAM P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13542 PERIWINKLE AVE	CITY, ST, ZIP SEMINOLE FL	1.2 NAME	
TITLE P	NAME JENNINGS, KATHY	1.3 STREET ADDRESS	
STREET ADDRESS 13542 PERIWINKLE AVE	CITY, ST, ZIP SEMINOLE FL	1.4 CITY, ST, ZIP	
TITLE S	NAME ZAKER, RICK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 13542 PERIWINKLE AVE	CITY, ST, ZIP SEMINOLE FL	2.2 NAME	
TITLE V	NAME BILLS, KENNETH	2.3 STREET ADDRESS	
STREET ADDRESS 13542 PERIWINKLE AVE	CITY, ST, ZIP SEMINOLE FL	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME Todd Reed	
TITLE	NAME	3.3 STREET ADDRESS 13542 Periwinkle Ave.	
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP Seminole, FL 34646	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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 119(3)(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: *Kathy Jennings* **Kathy Jennings** 4-28-95 813 392 6561
(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)