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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G77827**

1. Corporation Name
IMPRESSIVE PRINTING CO., INC.

Principal Place of Business	Mailing Address
9718 KATY DR HUDSON FL 34667-4335	9718 KATY DR HUDSON FL 34667-4335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/09/1984

4. FEI Number: 59-2372148 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

DAVIS, RICHARD A., C.P.A.
8040 WASHINGTON ST.
SUITE 6
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: KRISTINE M BIGELOW, CPA, PA
82 Street Address (P.O. Box Number is Not Acceptable): 10630 EMBASSY BLVD
83: SUITE B
84 City: PORT RICHEY FL 85 Zip Code: 34668

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: Kristine M Bigelow, KRISTINE M BIGELOW CPA DATE: 3.6.99
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	KNIERIEM, RUSSELL		1.2 NAME	KNIERIEM Russell	
STREET ADDRESS	12719 COLONY RD		1.3 STREET ADDRESS	14704 LOMA AVE	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	SPRING HILL FL. 34610	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ODDY, JAMES M.		2.2 NAME		
STREET ADDRESS	17220 MERIDIAN BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	KNIERIEM,RUTH		3.2 NAME	KNIERIEM RUTH	
STREET ADDRESS	12719 COLONY RD.		3.3 STREET ADDRESS	14704 LOMA AVE	
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ODDY, BONITA		4.2 NAME		
STREET ADDRESS	17220 MERIDIAN BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		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		

CR2E034 (11/98)

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: Russell Knieriem — 3-10-99 — (727) 862-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #