## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** 

Block 12 or Block 13 if changed, or on an attack

SIGNATURE:

Apr 21 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name 456329 (2)THE FIRST IMPRESSION, INC. Principal Place of Business Mailing Address 4411 WEST TAMPA BAY BLVD 4411 WEST TAMPA BAY BLVD P.O. BOX 21232 P.O. BOX 21232 DO NOT WRITE IN THIS SPACE TAMPA FL 33622-8232 TAMPA FL 33622-8232 3. Date Incorporated or Qualified 07/02/1974 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-1622060 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUERVO, CHARLES JR. 4411 WEST TAMPA BAY BLVD Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33607** 83 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Addition TITLE Change CUERVO, CARLOS J. CR2E034 NAME 1.2 NAME 4411 W. TAMPA BAY BLVD STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 2.1 TITLE TITLE CUERVO, CHARLES JR. NAME 2.2 NAME 4411 W. TAMPA BAY BLVD STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITL F 5.1 TATLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY - S1 - 21P 14. Thereby 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 suppliemental 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 of 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 attackment with an address.

C.J. Cuervo

FLORIDA DEPARTMENT OF STATE

**FILED**