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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 543964

FIRST IMPRESSIONS PRINTING INC.

Principal Place of Business

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90064 050 ***150.00



1847 S.W. 27 AVE. OCALA FL 34474 US		2471 SW 37 ST. OCALA FL 34474 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					08/29/1977		
2.	Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-1804174	Not Applicable	
22	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		
23	City & State	City & State			3 - 11 - 1	.00 May Be dded to Fees	
24	Zip Country	Zip 30	Country		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes		
	9. Name and Address of Current R	egistered Agent	10. Name and Address of New Registered Agent				
OPITZ, CHARLES FIRS 2471'SW-37-STON PENNERG INC. OCALA FL 34474			81	Name			
			82	The state of the s			
			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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change VTD 1.1 TITLE TITLE **OPITZ. CHARLES** 1.2 NAME NAME 2471 S.W. 37TH STREET 1.3 STREET ADDRESS STREET ADDRESS OCALA, FLORIDA 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change **PSD** 2.1 TITLE TITLE OPITZ, KAREN 2.2 NAME NAME 2471 S.W. 37TH STREET STREET ADDRESS 2.3 STREET ADDRESS OCALA, FLORIDA 00000 de 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE CHARLES CALSTS AS TRINING NO. 3.2 NAME 3.3 STREET ADDRESS STREET ADDRES LA FL CHAFA CITY-ST-ZIP 3.4. CITY-ST-ZIF * 初記 計算 計算 [] Change 開発 [] Addition ☐ DELETE TITLE 4.1 TITLE 4.2 NAME NAME SAY 27 STREET ADDRESS 4.3 STREET ADDRESS CÍTY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS VFD 5.4 CITY-ST-ZIP CITY-ST-ZIP OPHIL GRAFILLO TITLE □ DELETE 6.1 TITLE Change ☐ Addition 2474 SW. TOTTH SHEET 6.2 NAME NAME OCALA, ALGRIDA GROPE STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-7IP

4. 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

SIGNATURE AND TYPED OR PRINTED NAME

NAME OF SIGNING OFFICER OR DIRECT

1/18/99

352-237-614

Daytime Phone #

CR2E034 (11/98)