

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

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G85605** (5)

1. Corporation Name
IMPACT DEVELOPMENT, INC.



Principal Place of Business
**PO BOX 659
LOXAHATCHEE FL 33470
US**

Mailing Address
**PO BOX 659
LOXAHATCHEE FL 33470
US**

3. Date Incorporated or Qualified **02/21/1984** 3a. Date of Last Report **06/13/1995**

2. Principal Place of Business
21 **P.O. Box 659**
Suite, Apt. #, etc.
22 **LOXAHATCHEE FL**
City & State
23 **LOXAHATCHEE FL**
Zip Country
24 **33470** 25 **US**
26
27
28
29
30

4. FEI Number **59-2468543** Applied For
Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**HARTWIG, PETER W.
4034 161ST TERRACE NORTH
LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature typed or printed name of registered agent and title (if applicable)

(If 2012 Registered Agent Signature required, please attach)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PTS	HARTWIG, PETER	4034 161ST TERRACE NORTH	LOXAHATCHEE FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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 119.07(3)(k), 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: *Peter W. Hartwig - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 407-780-4468
Date Daytime Phone

CR2E034 (12/95)