

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H60263** (1)

1. Corporation Name

FIRST IMPRESSION PAINTING CONTRACTORS, INC.



Principal Place of Business

Mailing Address

% LARRY S. WOLFE
200 JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

% LARRY S. WOLFE
200 JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

3. Date Incorporated or Qualified
06/04/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2544649

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFE, LARRY S.
200 JOHN KNOX ROAD
TALLAHASSEE FL 32301**

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 607.0602 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 date of appointment

Signature, typed or printed name of new registered agent, and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **KERCE, JOHN W.**
CITY-STATE-ZIP **1114 MARION AVE.
TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **KINSINGER, DAVID A.**
CITY-STATE-ZIP **3018 HUNTER FISH CAMP RD
MARIANNA FL**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **KERCE, DONA G.**
CITY-STATE-ZIP **1114 MARION AV
TALLAHASSEE FL**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **ROCKWELL, MARK W.**
CITY-STATE-ZIP **7508 WREN DRIVE
TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **1513 Lee ave**
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS **1513 Lee ave**
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(x), 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: **John W. Kerce** **John W. KERCE** **04-23-96** **1-904**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **222-1742**

CR2E034 (12/95)