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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified 06/04/1985 3a. Date of Last Report 04/25/1996
4. FEI Number 59-2544649 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
WOLFE, LARRY S. 81 Name
200 JOHN KNOX ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD KERCE, JOHN W. ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME 1513 LEE AVE 1.2 NAME
STREET ADDRESS TALLAHASSEE FL 1.3 STREET ADDRESS
CITY-ST-ZIP 1.4 CITY-ST-ZIP
TITLE V KINSINGER, DAVID A. ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME 3018 HUNTER FISH CAMP RD 2.2 NAME
STREET ADDRESS MARIANNA FL 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE STD KERCE, DONA G. ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME 1813 LEE AVE 3.2 NAME
STREET ADDRESS TALLAHASSEE FL 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4 CITY-ST-ZIP
TITLE V ROCKWELL, MARK W. ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME 7508 WREN DRIVE 4.2 NAME
STREET ADDRESS TALLAHASSEE FL 4.3 STREET ADDRESS
CITY-ST-ZIP 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

14. I do 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.

SIGNATURE [Signature] DATE 4-15-97 824-333-1713

CR2E034 (9/96)