Amended

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

APPROVED AND FILED

98 SEP 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # H60263

1. Corporation Name

First Impression Painting Contractors, Inc.

Principal Place of Business: c/o Larry S. Wolfe, 200 John Knox Rd., Tallahassee, FL 32303-6643

Mailing Address: c/o Larry S. Wolfe, 200 John Knox Rd., Tallahassee, FL 32303-6643

2. Principal Place of Business
21 ___
Suite, Apt #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6-4-85

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

Larry S. Wolfe
200 John Knox Road
Tallahassee, FL 32303-6643

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 ___ DATE ___

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	John W. Kerce	1.2 NAME	John W. Kerce
STREET ADDRESS	1613 Lee Avenue	1.3 STREET ADDRESS	2005 Lee Avenue
CITY-ST-ZIP	Tallahassee, FL 32303	1.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	STD ☐ DELETE	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	Dona G. Kerce	2.2 NAME	Dona G. Kerce
STREET ADDRESS	1613 Lee Avenue	2.3 STREET ADDRESS	2005 Lee Avenue
CITY-ST-ZIP	Tallahassee, FL 32303	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	V ☐ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	Mark W. Rockwell	3.2 NAME	J.C. Bulloch, Jr.
STREET ADDRESS	7508 Wren Drive	3.3 STREET ADDRESS	2300 Cumberland Rd.
CITY-ST-ZIP	Tallahassee, FL 32310	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	800002645688--1
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-09/22/98--01027--003
TITLE	☐ DELETE	5.1 TITLE	*****61.25 *****61.25
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 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: John W. Kerce JOHN W. KERCE 9/17/98 222-1742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)