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 # J58327

1. Corporation Name
FIRST COAST IMPRESSIONS, INC.

Principal Place of Business / Mailing Address
3000-70 DUNN AVE
JACKSONVILLE, FL 32218

3. Date Incorporated or Qualified: FEB 19, 1987
3a. Date of Last Report:

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

4. FEI Number: 59-2776315 ☐ 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

ADAMS & ADAMS, P.A.
c/o DALE A. BEARDSLEY
707 PENINSULAR PLACE
JACKSONVILLE, FLORIDA 32204.

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: X Edith Fordham — 5/17/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	BOB R. FORDHAM	
STREET ADDRESS	9122 1st AVE	
CITY-ST-ZIP	Jax FL 32208	
TITLE	V. PRESIDENT	☐ DELETE
NAME	EDITH B. FORDHAM	
STREET ADDRESS	9122 1ST AVE	
CITY-ST-ZIP	Jax. FL 32208	
TITLE	TREASURER.	☐ DELETE
NAME	DONNA SUE FORDHAM	
STREET ADDRESS	9122 1ST AVE	
CITY-ST-ZIP	Jax FL 32208	
TITLE	SECRETARY	☐ DELETE
NAME	RANDALL S. FORDHAM	
STREET ADDRESS	9122 1ST AVE	
CITY-ST-ZIP	Jax FL 32208	
TITLE	~~LORI F. RUSSELL~~	☒ DELETE
NAME	~~9122 1ST AVE~~	
STREET ADDRESS	~~JAX FL 32208~~	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	900001869049 -06/20/96--01025--008 ***225.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	6/19/96 JD	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: X Edith Fordham — 5/17/96 — 904-764-1337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #