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 # **K04775** **(8)**

1. Corporation Name

INK IMPRESSIONS, INC.

Principal Place of Business

2886 JEFFERSON STREET
MARIANNA FL 32446

Mailing Address

2886 JEFFERSON STREET
MARIANNA FL 32446

3. Date Incorporated or Qualified: **12/03/1987**

3a. Date of Last Report: **04/28/1995**

4. FEI Number: **59-2860750** — Applied For / Not Applicable

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

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

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

SNYDER, BERTIE M.
2886-A JEFFERSON STREET.
MARIANNA FL 32446

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 607.0505 and 607.0506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SNYDER, BERTIE M.
STREET ADDRESS	2989 CALEDONIA STREET
CITY, ST, ZIP	MARIANNA FL
TITLE	STD
NAME	HILL, WILLIAM A.
STREET ADDRESS	3200 PINERIDGE CH. RD.
CITY, ST, ZIP	MARIANNA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY, ST, ZIP
2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY, ST, ZIP
3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY, ST, ZIP
4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY, ST, ZIP
5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY, ST, ZIP
6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if applicable, furnished and does not qualify for the exemption statement 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 is added in addition with an address.

SIGNATURE: Bertie M. Snyder Bertie M. Snyder, Pres. 2-9-96 482-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone

CR2E034 (12/95)