

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000012972 (4)**

1. Corporation Name:
IMPACT DESIGN GROUP, INC.



Principal Place of Business

**2426 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32216**

Mailing Address

**2426 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32216**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

9. Name and Address of Current Registered Agent

**COPELAND, W. THOMAS
 421 N. THIRD STREET
 JACKSONVILLE FL 32250**

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83. City
 84. Zip Code
FL

3. Did the corporation or Qualified
02/26/1993
 4. FID Number
59-3177895
 5. Corporation of States, District

 6. Election Campaign Financing
 Trust Fund Contribution
 8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes Yes No
 3a. Date of Last Report
03/03/1995
 Applied For
 Not Applicable
\$8.75 Additional
 Fee Required
\$5.00 May Be
 Added to Fees

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signatures to be filed with this report are those of the following:

Signatures to be filed with this report are those of the following:

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETED
NAME	PECCI, ALEXANDER R. JR.	
STREET ADDRESS	10917 BUGGY WHIP DR	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	T	<input type="checkbox"/> DELETED
NAME	PECCI, LESLIE	
STREET ADDRESS	10917 BUGGY WHIP DR	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	V	<input type="checkbox"/> DELETED
NAME	COX, ROBERT L	
STREET ADDRESS	7421 SECRET WOODS TRAIL	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE	S	<input type="checkbox"/> DELETED
NAME	COX, SANDRA	
STREET ADDRESS	7421 SECRET WOODS TRAIL	
CITY, ST, ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		
16. NAME		
17. STREET ADDRESS		
18. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		
20. NAME		
21. STREET ADDRESS		
22. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE		
24. NAME		
25. STREET ADDRESS		
26. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE		
28. NAME		
29. STREET ADDRESS		
30. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. TITLE		
36. NAME		
37. STREET ADDRESS		
38. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. TITLE		
40. NAME		
41. STREET ADDRESS		
42. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(g)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Leslie H. Pecci* **LESUE H. PECCI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)