

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90197 023 ***150.00

DOCUMENT # P93000045590

1. Corporation Name

ART IMPULSE INC.

Principal Place of Business

1500 APALACHEE PKWY
TALLAHASSEE FL 32301

Mailing Address

124 N. FRANKLIN BLVD.
TALL FL 32301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

59-3192718

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, ROBERT JASON
% ART IMPULSE
124 N. FRANKLIN BLVD.
TALLAHASSEE FL 32301

81 Name

Robert Jason Jones

82 Street Address (P.O. Box Number is Not Acceptable)

c/o Art Impulse

83

6307 Newberry Rd

84 City

Gainesville

FL

85 Zip Code

32605

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

President

1.2 NAME

Robert Jason Jones

1.3 STREET ADDRESS

8338 SW 46th Road

1.4 CITY-ST-ZIP

Gainesville, FL 32608

2.1 TITLE

Vice President

2.2 NAME

Hubert L. Chason Jr.

2.3 STREET ADDRESS

2985 N. Settler's Blvd

2.4 CITY-ST-ZIP

Tallahassee, FL 32303

3.1 TITLE

Secretary

3.2 NAME

Pamela A. Jones

3.3 STREET ADDRESS

8338 SW 46th Road

3.4 CITY-ST-ZIP

Gainesville, FL 32608

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-99 352-332-4660

CR2E034 (11/98)