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 # P93000055914 (4)

1. Corporation Name

A PERFECT REFLECTION, INC.

Principal Place of Business
2117 DARLINGTON OAK DRIVE
SEFFNER FL 33584

Mailing Address
2117 DARLINGTON OAK DRIVE
SEFFNER FL 33584

3. Date Incorporated or Qualified: 08/09/1993

3a. Date of Last Report: 04/06/1995

4. FEI Number: 59-3196564 ☐ 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

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

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

GOODSON, THOMAS
7706 DOWNING CIRCLE
TAMPA FL 33610

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2117 DARLINGTON OAK DRIVE
83
84 City SEFFNER FL 85 Zip Code 33584

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GOODSON, WENDY K	
STREET ADDRESS	7706 DOWNING CR.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	D	☐ DELETE
NAME	GOODSON, THOMAS D	
STREET ADDRESS	7706 DOWNING CR.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☒ Change ☐ Addition
1 NAME		
1 STREET ADDRESS	2117 DARLINGTON OAK DRIVE	
1 CITY-ST-ZIP	SEFFNER, FL 33584	
2 TITLE		☒ Change ☐ Addition
2 NAME		
2 STREET ADDRESS	2117 DARLINGTON OAK DR	
2 CITY-ST-ZIP	SEFFNER, FL 33584	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: Wendy K. Goodson WENDY K GOODSON 813-654-1342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2-10-96

4-5-96