FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056641 (2)**

1. Corporation Name

PREMIER IMPRESSIONS, INC.

Principal Place of Business
7028 W WATERS AVE
SUITE 106
TAMPA FL 33634
US

Mailing Address
7028 W WATERS AVE
SUITE 106
TAMPA FL 33634
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 12434 Cardiff Drive
Suite, Apt. #, etc.
22
City & State
23 Tampa FL.
Zip 24 33625
Country 25 Hillsborough

2a. Mailing Address
26 7028 W. Waters Ave
Suite, Apt. #, etc.
27 #106
City & State
28 Tampa FL.
Zip 29 33634
Country 30 Hillsborough

4. FEI Number: 59-3196435 — 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

GRANT, KEVIN P
12434 CARDIFF DR
TAMPA FL 33625

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANT, KEVIN
STREET ADDRESS	12434 CARIFF DR.
CITY-ST-ZIP	TAMPA FL 33625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Lynn M. Grant	
1.3 STREET ADDRESS	12434 Cardiff Drive	
1.4 CITY-ST-ZIP	Tampa FL. 33625	
2.1 TITLE	Vice President / Secretary	☒ Change ☐ Addition
2.2 NAME	Kevin Grant	
2.3 STREET ADDRESS	12434 Cardiff Drive	
2.4 CITY-ST-ZIP	Tampa FL 33625	
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		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and 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 hereinabove, or on an attachment with an address.

SIGNATURE: _____ 4-27-95 (813) 961-4912
SIGNATURE AND TYPED OR PRINTED NAME OF HONORARY OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin P. Grant

0900310 CP