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 MAR 27 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000061917 (9)**

1. Corporation Name
FIRST IMPRESSIONS PRINTING & COMMUNICATIONS, INC

Principal Place of Business	Mailing Address
1993 CORPORATE SQUARE LONGWOOD FL 32750	1993 CORPORATE SQUARE LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1993**	3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-3204148**	☐ 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
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WILLIAMS, EMGET
1993 CORPORATE SQUARE
LONGWOOD FL 32750

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 (if changing Registered Agent, Registered Agent must sign here) (if Registered Agent is changing, new Registered Agent must sign here) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	MPT	41 TITLE	☐ Change ☐ Addition
32 NAME	WILLIAMS, EMGET	42 NAME	
33 STREET ADDRESS	263 BLACKWATER PLACE	43 STREET ADDRESS	
34 CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP	
35 TITLE	DVS	45 TITLE	☐ Change ☐ Addition
36 NAME	WILLIAMS, STEPHEN L	46 NAME	
37 STREET ADDRESS	263 BLACKWATER PLACE	47 STREET ADDRESS	
38 CITY ST ZIP	LONGWOOD FL	48 CITY ST ZIP	
39 TITLE		49 TITLE	☐ Change ☐ Addition
40 NAME		50 NAME	
		51 STREET ADDRESS	
		52 CITY ST ZIP	
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is accurate, and that this filing complies with the requirements of Section 607.1622, 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: *Emget Williams* 407-831-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Area Code & Daytime Phone Number

Emget Williams PRESIDENT

0041604 CP