

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 90265 014 ***150.00

DOCUMENT # P93000061917

1. Corporation Name

FIRST IMPRESSIONS PRINTING & COMMUNICATIONS, INC

Principal Place of Business

550 TECHNOLOGY PARK
STE 130
LAKE MARY FL 32746
US

Mailing Address

550 TECHNOLOGY PARK
STE 130
LAKE MARY FL 32746
US

2. Principal Place of Business

21 530 So CR 427

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Longwood FL

Zip

24 32750-5485 Seminole

Country

2a. Mailing Address

26 530 So CR 427

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Longwood FL

Zip

29 32750-5485 Seminole

Country

9. Name and Address of Current Registered Agent

WILLIAMS, EMGET
263 BLACKWATER PLACE
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1993

4. FEI Number

59-3204148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

☐ No

10. Name and Address of New Registered Agent

81 Name

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

176 CITATION CT

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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

Emget Williams
Signature, typed or printed name of registered agent and title if applicable.

EMGET WILLIAMS
PRESIDENT

4/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE MPT ☐ DELETE

NAME WILLIAMS, EMGET

STREET ADDRESS 176 CITATION CT

CITY-ST-ZIP LAKE MARY FL 32746

TITLE DVS ☐ DELETE

NAME WILLIAMS, STEPHEN L

STREET ADDRESS 176 CITATION CT

CITY-ST-ZIP LAKE MARY FL 32746

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Emget Williams
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4/20/99 (407) 831-6100

CR2E034 (11/98)

0074126