

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000038589 (5)**

1. Corporation Name

REFLECTED IMPRESSIONS, INC.



Principal Place of Business

**3784 PROGRESS AVE.
NAPLES FL 33942**

Mailing Address

**3784 PROGRESS AVE.
NAPLES FL 33942**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
SUITE 200
526 E. PARK AVE.
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

02/20/1995

4. FLE Number

65-0492107

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent)

(Print Name of Agent Submitting Statement)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE
P	KEPKA, ANDRE	9179 PINNACLE CT	NAPLES FL	☐
V	KEPKA, CAROLYN	9179 PINNACLE CT	NAPLES FL	☐
T	KEPKA, CAROLYN	9179 PINNACLE CT	NAPLES FL	☐
S	KEPKA, CAROLYN	9179 PINNACLE CT	NAPLES FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. DELETE	6. CHANGE	7. ADDITION
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	☐	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	☐	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	☐	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	☐	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	☐	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	☐	☐	☐

14. I hereby certify that the information supplied with this filing is 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 in changes, or on an attachment with an address.

SIGNATURE:

Carolyn Kepka

Carolyn Kepka

2-26-96

941 643 1466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)