

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P94000079273 (6)**

1. Corporation Name

**FIRST IMPRESSIONS OF GAINESVILLE, INC.**

Principal Place of Business

Mailing Address

110 N.W. 13TH STREET  
GAINESVILLE FL 32601

110 N.W. 13TH STREET  
GAINESVILLE FL 32601

FILED  
Apr 20 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1994**

4. FEI Number

**59-3275822**

Applied For

Not Applicable

**\$8.75** Additional

Fee Required

5. Certificate of Status Desired

May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible

Yes

No

Personal Property Tax due June 30.

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

**FORRESTER, M. DIAN  
110 N.W. 13TH STREET  
GAINESVILLE FL 32601**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORRESTER, M. DIAN</b>		1.2 NAME
STREET ADDRESS	<b>110 N.W. 13TH STREET</b>		1.3 STREET ADDRESS
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>		1.4 CITY-ST-ZIP
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORRESTER, RAY W</b>		2.2 NAME
STREET ADDRESS	<b>110 N.W. 13TH STREET</b>		2.3 STREET ADDRESS
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>		2.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME
STREET ADDRESS			3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			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.

SIGNATURE

*Patricia S. T. Forrester*

4/15/98 (382)371-0554

CR2E034 (10/97)