

P95000036374

Tropixal Impressions  
501-B Anastasia Blvd  
St. Augustine, Fla 32084

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

FILED  
MAY -9 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (If known):

1. TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC. 200000145308111  
(Corporation Name) (Document #) -04/12/95--01004--011  
\*\*\*\*122.50 \*\*\*\*122.50

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

called 5-4-95 789  
SDG 612  
706  
671

W95-8201

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

April 17, 1995

**TROPICAL IMPRESSIONS**  
**501-B ANASTASIA BLVD.**  
**ST. AUGUSTINE, FL 32084**

**SUBJECT: TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC.**  
**Ref. Number: W95000008201**

We have received your document for TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6931.

Steven Godfrey  
Corporate Specialist

Letter Number: 295A00017855

ARTICLES OF INCORPORATION  
OF  
TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

853 MAY -9 PM 3:20

FILED

ARTICLE I. NAME.

The name of the corporation is TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC.

ARTICLE II. PRINCIPAL OFFICE AND REGISTERED AGENT.

The principal office of the Corporation is at 501 B- Anastasia Blvd., St Augustine, Florida County of St Johns, State of Florida. The registered agent at this address is Sandy Defalco.

ARTICLE III. DURATION.

The Corporation shall have perpetual existence.

ARTICLE IV. PURPOSES.

The purpose for which this Corporation is organized is to engage in any and all lawful business.

ARTICLE V. POWERS.

The Corporation may exercise any powers, without limitation whatsoever, which a corporation may legally exercise under the laws of the state of Florida where this Corporation is formed. In addition, the Corporation shall have the following specific powers:

(A) To elect or appoint officers and agents of the Corporation and to fix their compensation;

(B) To act as an agent for any individual, association, partnership, corporation or other legal entity;

(C) To receive, acquire, hold, exercise rights arising out of the ownership or possession thereof, sell, or otherwise dispose of, shares or other interests in, or obligations of, individuals, associations, partnerships, corporations, or governments;

(D) To receive, acquire, hold, pledge, transfer, or otherwise dispose of shares of the Corporation;

(E) To make gifts or contributions for the public welfare or for charitable, scientific or educational purposes.

## ARTICLE VI. CAPITAL STOCK

Section 1. Authorized Shares. The total number of shares which this Corporation is authorized to issue is 4500 shares.

Section 2. Pre-emptive rights. Except as may otherwise be provided by the Board of Directors, no holder of any shares of the stock of the Corporation shall have any pre-emptive right to purchase, subscribe for, or otherwise acquire any shares of stock of the Corporation of any class now or hereafter authorized, or any securities exchangeable for or convertible into such shares, or any warrants or other instruments evidencing rights or options to subscribe for, purchase, or otherwise acquire such shares.

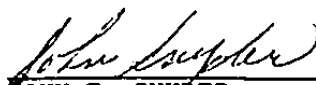
## ARTICLE VII. COMMENCEMENT OF BUSINESS.

The minimum amount of capital with which the Corporation will commence business is \$100.00.

## ARTICLE VIII. INTERESTED DIRECTORS.

No contract or transaction between this Corporation and any of its directors, or between this Corporation and any other corporation, firm, association, or other legal entity shall be invalidated by reason of the fact that the director of the Corporation has a direct or indirect interest, pecuniary or otherwise, in such corporation, firm, association, or legal entity, or because the interested director was present at the meeting of the Board of Directors which acted upon or in reference to such contract or transaction, or because they participated in such action, provided that the interest of each such director shall have been disclosed to or known by the Board and a disinterested majority of the Board shall have nonetheless ratified and approved such contract or transaction. Such interested director or directors may be counted in determining whether a quorum is present for the meeting at which such ratification or approval is given. If the vote of such interested director or directors, is, or was, necessary for the approval of such contract or transaction, then such contract or transaction shall, with disclosure of the director's or directors' interest, be submitted for the approval of or ratification by the stockholders.

In Witness Whereof, the undersigned have hereunto set their hands this 7th day of March , 1995.

  
\_\_\_\_\_  
JOHN T. SNYDER / INCORPORATOR  
88 Riberia St., #460  
St Augustine , Florida , 32084

KNOW ALL MEN BY THESE PRESENTS that Sandy Defalco of 501 B Anastasia Blvd., Augustine, Florida, 32084 a natural person and resident of St Johns County, being the County in which the principal office of TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC. is located, is hereby appointed as the person on whom process, tax notices and demands against TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC. may be served.

TROPICAL IMPRESSIONS PRINT AND COPY  
CENTER, INC.

By: SANDY DEFALCO

Dated: March 7, 1995.

ACCEPTANCE

501 B- Anastasia Blvd.  
St Augustine, Florida, 32084  
March 7, 1995

The undersigned hereby accepts the appointment as agent of TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC. upon whom process, notices and demands may be served.

  
SANDY DEFALCO

FILED  
1995 MAY -9 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Hendrika H. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000036374 (3)

1. Corporation Name

TROPICAL IMPRESSIONS PRINT AND COPY CENTER, INC.

APPROVED  
AND  
FILED

96 SEP -9 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business		Mailing Address	
501-B ANASTASIA BLVD ST AUGUSTINE FL 32084		501-B ANASTASIA BLVD ST AUGUSTINE FL 32084	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
3. Date Incorporated or Qualified		3a. Date of Last Report	
05/09/1995		06/25/96	
4. FEI Number		Applied For	
59-3321475		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaigns Financing		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEFALCO, SANDY 501-B ANASTASIA BLVD ST AUGUSTINE FL 32084		81. Name Charles E. Hall, Jr. 82. Street Address (P.O. Box Number is Not Acceptable) 93-B Orange Street 83. 84. City St. Augustine 85. Zip Code FL 32084	
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 provisions of Sections 607.0505, Florida Statutes.			
SIGNATURE		DATE	
Charles E. Hall, Jr.		06/25/96	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE President - Director NAME Sandy DeFalco STREET ADDRESS 501-B Anastasia Blvd CITY - ST - ZIP St. Augustine, Florida 32084	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE Secretary - Director NAME James Bryant STREET ADDRESS 501-A Anastasia Blvd CITY - ST - ZIP St. Augustine, Florida 32084	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE Vice-President - Director NAME Larry Guzman STREET ADDRESS 501-B Anastasia Blvd CITY - ST - ZIP St. Augustine, Florida 32084	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP	

REINSTATEMENT

1000019585471  
-09/25/96--01052--018  
\*\*\*\*375.00 \*\*\*\*375.00

SIGNATURE: Sandy J. DeFalco, President

06/25/96

904-825-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P95000036374



**Tropical Impressions**

Print & Copy Center Inc.

501-B Anastasia Blvd. • St. Augustine, FL 32084  
City/State/Zip Phone //

300002274648---0  
-08/22/97--1058--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 AUG 22 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Tropical Impressions Print and Copy Center Inc.

2. The mailing address of the corporation is: 501-B Anastasia Blvd  
St Augustine, FL 32084

3. Date of incorporation/qualification: 5-9-95 Document number: P95000036374 (3)

4. The name and address of the current registered agent and office:

Charles E. Hall, Jr.  
93-B Orange St  
St Augustine, FL 32084

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Richard L. Waler, Jr.  
71 S. Dixie Hwy #4  
St. Augustine, FL 32095

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

James E. Bryant 8-20-97  
(Signature of an officer, chairman or vice chairman of the board) (Date)

James E. Bryant President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Richard L. Waler, Jr.  
(Signature of Registered Agent)

8-14-97  
(Date)

If signing on behalf of an entity:

Richard L. Waler, Jr  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)