

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90097 022 ***150.00

DOCUMENT # P97000032187

1. Corporation Name
IMPACT SIGNS & GRAPHIC DESIGNS INC.

Principal Place of Business

2211 E. COLONIAL DRIVE
SUITE B
ORLANDO FL 32803
US

Mailing Address

2211 E. COLONIAL DRIVE
SUITE B
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

59-3432052

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

9. Name and Address of Current Registered Agent

SEAGER, KIRK D
930-B LAKE DESTINY ROAD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name SEAGER, KIRK D.
82 Street Address (P.O. Box Number is Not Acceptable)
3214 DEBBIE DR.
83
84 City ORLANDO FL 85 Zip Code 32806

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	SEAGER, KIRK D	930-B LAKE DESTINY ROAD	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
VPD	CUNNEA, SUSAN R	930-B LAKE DESTINY ROAD	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	SEAGER, KIRK D	3214 DEBBIE DR.	ORLANDO, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	SEAGER, SUSAN R.	3214 DEBBIE DR.	ORLANDO, FL 32806	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)