

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 27, 1999 8:00 am  
Secretary of State

04-27-1999 90101 029 \*\*\*150.00

DOCUMENT # P97000084674

1. Corporation Name

PICTURESQUE IMPRESSIONS, INC.



Principal Place of Business

2720 B NORTH HARBOR CITY BLVD  
MELBOURNE FL 32901  
US

Mailing Address

2720 B NORTH HARBOR CITY BLVD  
MELBOURNE FL 32901  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

59-3472283

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32935

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

COLEMAN, C J  
1800 W HIBISCUS BLVD  
STE 138  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

JOHN VARNEY

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

425 BROOKSIDE DR

83

84 City

INDIALANTIC

FL

85 Zip Code

32903

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

JOHN VARNEY

JOHN VARNEY

23 APRIL 99

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VARNEY, JOHN  
STREET ADDRESS 2720-B NORTH HARBOR CITY BLVD.  
CITY-ST-ZIP MELBOURNE FL 32935

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, C  
1.2 NAME JOHN VARNEY  
1.3 STREET ADDRESS 2720 B NORTH HARBOR CITY BLVD  
1.4 CITY-ST-ZIP MELBOURNE, FL 32935

2.1 TITLE P, D  
2.2 NAME MAURA VARNEY  
2.3 STREET ADDRESS 2720 B NORTH HARBOR CITY BLVD  
2.4 CITY-ST-ZIP MELBOURNE, FL 32935

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 change of, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 99 407 7:57 0820

Date

Daytime Phone #

CR2E034 (1/98)