

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90273 032 \*\*\*158.75

DOCUMENT # P98000025036

1. Corporation Name

FIRST IMPRESSION POOLS, INC

Principal Place of Business

Mailing Address

17131 PLEASURE RD  
CAPE CORAL FL 33909

17131 PLEASURE RD  
CAPE CORAL FL 33909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

2. Principal Place of Business

2a. Mailing Address

21 17131 PLEASURE RD

26 17131 PLEASURE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 CAPE CORAL FL

28 CAPE CORAL FL

Zip

Country

Zip

Country

24 33909

25 USA

29 33909

30 USA

4. FEI Number

65-0820206

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEILIG, WILLIAM J.  
5004 SW 25TH PL  
CAPE CORAL FL 33914

81 Name

HEILIG, WILLIAM J.

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

17131 PLEASURE ROAD

83

84 City

CAPE CORAL

FL

85 Zip Code

33909

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.

WILLIAM J. HEILIG

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HEILIG, WILLIAM J.  
STREET ADDRESS 5004 SW 25TH PL  
CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 17131 PLEASURE RD  
1.4 CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D ☒ DELETE  
NAME MILLER, THOMAS  
STREET ADDRESS 5004 SW 25TH PL  
CITY-ST-ZIP CAPE CORAL FL 33914

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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 changed, or as an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

WILLIAM J. HEILIG

DATE

4/26/99 941-573-8938

Daytime Phone #

CR2E034 (11/98)