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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1

DOCUMENT # P98000076679

1. Corporation Name

HIGH IMPACT FILM OF SARASOTA COUNTY, INC.

Principal Place of Business	5
7319 SOUTH PLUM TREE	
PLINTA GORDA EL 33955	

FILED Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90081 039 ***150.00



Mailing Address 7319 SOUTH PLUM TREE PUNTA GORDA FL 33955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/03/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address *45-08608*7 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country This corporation owes the current year Intangible Zip Country □No 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 Zip Code 84 City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition [7] Change □ DELETE 1.1 TITLE TITLE WESTHOVEN, DONALD F 12 NAME NAME 7319 SOUTH PLUM TREE 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE WESTHOVEN, ANDREW C 2.2 NAME NAME 7319 SOUTH PLUM TREE 2.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE WESTHOVEN, DONALD F JR. 3.2 NAME NAME 7319 SOUTH PLUM TREE 3.3 STREET ADDRESS STREET ADDRESS PUNTA GORDA FL 33955 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE RANDOLPH, TINA M JR. 4.2 NAME NAME 7319 SOUTH PLUM TREE 4.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33955** 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98