FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:07

DOCUMENT # 717252 (1)

1. Corporation Name
IMPERIAL FLYERS, INC.

Principal Place of Business	Mailing Address
2006 LEISURE DR. N.W. WINTER HAVEN FL 33881	2006 LEISURE DR. N.W. WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1969
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-6583742 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELLET,J A
2006 LEISURE DR. N.W.
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☑ Change ☐ Addition
NAME	RANDALL, RON	12 NAME	STEVE FERGUSON	
STREET ADDRESS	9705 LAKE BESS RD SE	13 STREET ADDRESS	5804 DuBois RD	
CITY-ST-ZIP	WINTER HAVEN FL	14 CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	PARKS, A. M. JR	22 NAME		
STREET ADDRESS	1015 INMAN DR NW	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	SELLET, JACK	32 NAME		
STREET ADDRESS	2006 LEISURE DR NW	33 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 00000	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE	S/D	☑ Change ☐ Addition
NAME	AMBROSE KENNETH	42 NAME	ALAN B CAYO	
STREET ADDRESS	208 KALOR RD.	43 STREET ADDRESS	573 HUNTER CIRCLE	
CITY-ST-ZIP	AUBURNDALE FL	44 CITY-ST-ZIP	KISSIMMEE, FL 34758	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: J. A. SELLET TREA J. A. SELLET 4 Apr 95 813-325-3401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000438