

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717252 (1)
1. Corporation Name
IMPERIAL FLYERS, INC.



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

Mailing Address
**2006 LEISURE DR. N.W.
WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified
09/25/1969

3a. Date of Last Report
04/13/1995

2. Principal Place of Business
21 **5804 DuBois RD**
Suite, Apt. #, etc.
22
City & State
23 **LAKELAND, FL**
Zip
24 **33811** Country
25 **USA**

2a. Mailing Address
26 **5804 DuBois RD**
Suite, Apt. #, etc.
27
City & State
28 **LAKELAND, FL**
Zip
29 **33811** Country
30 **USA**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 **STEVE FERGUSON**
82 Street Address (P.O. Box Number is Not Acceptable)
5804 DuBois RD
83
84 City **LAKELAND** FL 85 Zip Code **33811**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **STEVE FERGUSON**

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	PD	<input type="checkbox"/> DELETE
NAME	FERGUSON, STEVE	
STREET ADDRESS	5804 DUBOIS RD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARKS, A. M. JR	
STREET ADDRESS	1015 INMAN DR NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SELLET, JACK	
STREET ADDRESS	2006 LEISURE DR NW	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAYO, ALAN B.	
STREET ADDRESS	573 HUNTER CIRCLE	
CITY-ST-ZIP	KISSEMMEE FL	
TITLE	DE	<input type="checkbox"/> DELETE
NAME	EVAN WESTLAKE	
STREET ADDRESS	2400 21st ST. N/W	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33811
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33881
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EVAN WESTLAKE
5.3 STREET ADDRESS	2400 21st ST N/W
5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)