

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 454033 (2)

1. Corporation Name  
IMPERICO, INC.

Principal Place of Business

3427 SE 2ND ST  
584 SILVER COURSE CIRCLE  
OCALA FL 34471  
US

Mailing Address

P O BOX 7084  
584 SILVER COURSE CIRCLE  
OCALA FL 34472-2289  
US

2. Principal Place of Business

21 3427 S.E. 2ND STREET

Suite, Apt. #, etc.

22

City & State

23 Ocala FL

Zip

24 34471

Country

25 USA

2a. Mailing Address

26 P.O. Box 7084

Suite, Apt. #, etc.

27

City & State

28 Ocala FL

Zip

29 34472

Country

30 USA

9. Name and Address of Current Registered Agent

GREGORY W PAQUIN  
3427 SE 2ND STREET  
OCALA, FL  
OCALA FL 34471

3. Date Incorporated or Qualified  
06/03/1974

3a. Date of Last Report  
04/08/1996

4. FEI Number  
59-1616079

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

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

GREGORY W. PAQUIN - PRES.

3-20-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DANUFF, MORTON L	
STREET ADDRESS	584 SILVER COURSE CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DANUFF, LISA	
STREET ADDRESS	584 SILVER COURSE CIRCLE	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAQUIN, GREGORY W	
STREET ADDRESS	3427 SE 2ND ST	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 its registered agent 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.

SIGNATURE:

GREGORY W. PAQUIN - PRES.

3-20-97

(352) 629-4989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)