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 14 AM 9:37

DOCUMENT # 766254 (7)

1. Corporation Name

EMPERIAL TWENTY-FIVE CLUB, INC.

Principal Place of Business	Mailing Address
1750 GIBBONS ST BARTOW FL 33830-6617	1750 GIBBONS ST BARTOW FL 33830-6617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 07/28/1994
4. FEI Number: NOT APPLICABLE ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

WATSON ,GEORGE W.
1750 GIBBONS STREET
BARTOW FL 33830

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBINSON, FLOYD	1.2 NAME		
STREET ADDRESS	806 S.E. FIFTH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	President	☒ Change ☐ Addition
NAME	GLOVER, JOHN	2.2 NAME	Ben Smith	
STREET ADDRESS	590 DOROTHY ST.	2.3 STREET ADDRESS	4911 84th Street South	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	Tampa, FL 33619-7110	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	WYNN, RALPH	3.2 NAME		
STREET ADDRESS	1070 E. TEE CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP		
TITLE	MBD	4.1 TITLE	MBD	☒ Change ☐ Addition
NAME	ROBERTS, ADMIRAL D	4.2 NAME	George Collins	
STREET ADDRESS	935 TEE CIRCLE W	4.3 STREET ADDRESS	P.O. Box 1272	
CITY-ST-ZIP	BARTOW FL	4.4 CITY-ST-ZIP	Bartow, FL 33830 N/A	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	BOSTON, LOUIS	5.2 NAME		
STREET ADDRESS	132 GRANT ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP		
TITLE	FS	6.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, GEROGE W	6.2 NAME		
STREET ADDRESS	1750 GIBBONS ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	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)(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 attachment with an address.

SIGNATURE: George W. Watson 3-13-95 (813) 425-4542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067834