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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H97791

(8)

IMPERIAL ENGINEERING AND FABRICATION, INC.

Principal Plac	e of Brainess	Mailing Address		
1333 BRUNNELL PRKWY LAKELAND FL 33805		1333 BRUNNELL PRKWY LAKELAND FL 33805		DO NOT WRITE IN THIS SPACE
i				3. Date Incorporated or Qualified
				01/13/1986
2. Principal Place of Business 2a. Mailing Address			4. FEI Number Applied For	
21		26		59-2627932 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
				10. Name and Address of New Registered Agent
HIS	SEM, KEVIN E.		81 Name	
3925 CHART PRINE RD.			-	
LAKELAND FL 33809			82 Street Add	Iress (P.O. Box Number is Not Acceptable)
DAVERAID LE 22009			63	
			84 City	85 Zip Code
	and the second control of			FL S Elp code
l Office of r	registered agent, or both, in the Stati	e of Florida. Such change was at	ithorized by the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. La	im familiar with, and accept the oblig	gations of, Section 607.0505, Flor	ida Statutes.	
SIGNATURE				
	Signature, typed or printed name of registered as		Registered Agent signature requ	
12.	,	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	Change Addition
NAME	Hissem, Kevin E.		1.2 NAME	
STREET ADDRESS	3925 CHART PRINE RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	•
CITY-ST-ZIP			2: 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME	}		3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		Libriere	3.4 CITY-ST-ZIP	
TITLE]	☐ DELETE	4.1 TITLE	Change Addition

64 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 changed, or on an attachment with an address.

6.2 NAME

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

DELETE

DELETE

SIGNATURE: .

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

4/6/98 941-693-9226

Change Addition

Change Addition

FILED

Apr 14 1998 8:00am

Secretary of State