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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J65034

(7)

IMPERIAL LAND COMPANY

FILED May 15 1997 8:00am Secretary of State

Principal Place of Business	Mailing Address					
208 W. ALAMO DR LAKELAND FL 33813-1503 US	PO BOX 7064 LAKELAND FL 33807-7064 US					
		 Date Incorporated or Qualified 04/02/1987 	3a. Date of Last Report 02/29/1996			

2. Principal Pi	al Place of Business		2a. I	2a. Mailing Address				4. FEI Number			plied For	
21			26					NOT APPLICABLE			l Applicable	
Suite, Apt.	, Apt. #, etc.		27	Suite, Apt. #, etc.				Certificate of Status Desired S8.75 Additional Fee Required				
City & State			28	City & Stato				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip		Country		Z _I p Country				8. This corporation has liability for intangible tax under s. 199.032,				
24		25	29		30			Florida Statutes X Yes No				
	9, Name	and Address of Curi	ent Registe	ered Agent				D. Name and Address of New Re	gistered #	Agent		
ELLSWORTH, W. WM JR					81	81 Name						
208 W. ALAMO DR LAKELAND FL 33813				82	82 Street Address (P.O. Box Number is Not Acceptable)							
				"	of the first terms of the first							
				83	83							
					84	4 City FL 85 Zip Code						
44 Duramat	to the provis	ions of Contions CO7 C	602 and 60	7 1409 Florida Clah	ulee the abov	L named	Lograpia	ion submits this statement for the p		changing its	rogistored	
office or r	egistered ac	jent, or both, in the Sta ith, and accept the ob	ite of Florida	a. Such change was	s authorized b	y the corp	poration's	s board of directors. I hereby acce	pt the appo	oiritment as i	registered	
SIGNATURE.	Signature, typod	or printed name of registered	agent and title if	applicable (N	OTE Blogishired Aç	ent signature	e required wl		DATE	* ***		
12.		OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	P			☐ DELETE	t.1 1/TLE					L Change	Addition 3	
NAME		rth W. WM.JR			1.2 NAME						;	
STREET ADDRESS	208 W. A				1.9 STREE	T ADDRESS					ļí	
CITY-ST-ZIP	LAKELAN	D FL			1.4 CITY-	S1 - 7IP					 ,	
TITLE				DELETE	2.1 THLE		D			Change	X Addition	
NAME					2.2 NAME		Harp	er, Robert F., III				
STREET ADDRESS					2.3 STREE	1 ADDRESS	ിരവര്:	U Alama Da			ļ	
CITY-ST-ZIP					2. 4 CITY	S1-ZIP	Lake	land, F1. 3	3813-1	.503		
TITLE				DELF1E	3.1 TO LE			•		Change	Addition	
NAME					3.2 NAME							
STREET ADDRESS]				3.3 STREE	1 ADDRESS						
CITY-ST-ZIP					3.4. CITY	S1 · ZIF	ļ.,					
TITLE				☐ DELETE	4.1 THILE					Change	Addition	
NAME					4 2 NAM							
STREET ADDRESS					4.3 STREE	1 AODRESS						
CITY-ST-ZIP					4 4 CiTY-	ST-7IP						
TITLE				☐ DELETE	51 TIME					Change	Addition	
NAME					5.2 NAME		}					
STREET ADDRESS					53 STREE	1 ADDRESS						
CITY-ST-ZIP					5.4 City-	S1 - 7IP	_					
TITLE				☐ DELETE	6.1 TITLE					Change	Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREE	T ADDRESS						
CITY-ST-ZIP					6.4 CITY-	\$1 - ZIP	<u> </u>					

I do hereby certify that the information supplied wit information indicated on this annual report or supplian an officer or director of the corporation or the appears in Block 12 or Block 3 if changes. s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the deport is true and accurate and that my signature shall have the same legal effect as if made under oath; that we empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name with an address.