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Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90063 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65034

1. Corporation Name
IMPERIAL LAND COMPANY

Principal Place of Business

268 W. ALAMO DR
LAKELAND FL 33807
US

Mailing Address

PO BOX 7667
LAKELAND FL 33807
US

2. Principal Place of Business

21 6700 S. FL. Ave.

Suite, Apt. #, etc.

22 Suite 6

City & State

23 Lakeland, Florida

Zip

24 33807

Country

25 US

2a. Mailing Address

26 PO Box 7667

Suite, Apt. #, etc.

27

City & State

28 Lakeland, Florida

Zip

29 33807

Country

30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1987

4. FEI Number 59-3571063

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ELLSWORTH W. WM JR
208 W. ALAMO DR
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
W. Wm. Ellsworth, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
6700 S. Florida Ave., #6

83

84 City
Lakeland

FL

85 Zip Code
33313

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

Signature, type or printed name of Ellsworth, Jr., W.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ELLSWORTH W. WM JR

STREET ADDRESS 208 W. ALAMO DR

CITY-ST-ZIP LAKELAND FL

TITLE ☒ DELETE

NAME HARRIS ROBERT W JR

STREET ADDRESS 208 W. ALAMO DR

CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P & D ☐ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6700 S. FL. Ave., #6

Lakeland, FL 33813

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Wm. Ellsworth, Jr., Pres.

4/26/99

Date

941-644-9197

Daytime Phone #

CR2E034 (11/98)