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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # L19700

1. Corporation Name

IMPERIAL CONTRACTING INCORPORATED

Principal Place of Business
% PHILLIP R. NEGIP 15248 S U.S. 41 HIGHWAY FT. MYERS FL 33908
FT. MYERS FL 33908

Mailing Address

% PHILLIP R. NEGIP 15248 S U.S. 41 HIGHWAY FT. MYERS FL 33908

## FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90008 036 \*\*\*450.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						10/02/1989					
2. Principal Pl	ace of Business	2a. Mailing Address	_		_	4. FEI Number	Ar	oplied For			
21		26				65-0152205	No	ot Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional			
27						5. Certifcate of Status Desired	Fee Re	equired			
City & State City & State						6. Election Campaign Financing	\$5.00	May Be			
23						Trust Fund Contribution	Added				
Zip Country Zip						8. This corporation owes the current year Int	angible				
24 25 29 30						Personal Property Tax.	Yes	□No			
1	9. Name and Address of Current		11	10. Name and Address of New Registered Agent							
								1			
NEGIP, PHILLIP R.						82 Street Address (P.O. Box Number is Not Acceptable)					
15248 S US 41						Street Address (P.O. Box Number is Not Acceptable)					
SUIT	E 900			83							
FT. N	MYERS FL 33908										
				84	City	Sity Fi 85 Zip					
44. Develop the Scrippe 607 0503 and 507 1509. Elevido Statutos, the above gamed congration submits this statement for the purpose of changing its regist											
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors, i nereby accept the appointment as registered											
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE    Signature   typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE											
12.	Signature, typed or printed name of registered agent		13.	vâeur	signatore re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	ORS IN 12			
	OFFICERS AND DIRECTORS 13			n e	_	President	Change	☐ Addition			
TITLE		y occur	1.2 NA		i	Daniel Negip		_			
NAME	NEGIP, PHILLIP R.		•		ADDRESS	16683 Bobcat Drive					
STREET ADDRESS	102,0 0.00 11 1111					Ft Myers, FL 33908					
CITY-ST-ZIP	FT. MYERS FL	C printe		TY-ST	-ZIP	PT 11403, 12 33703	[] Change	Addition			
TITLE	☐ DELETE 2.1		- 1	2.1 TITLE							
NAME			2.2 NA		ļ			.			
STREET ADDRESS			2.3 \$7	REET	ADORESS						
CITY-ST-ZIP		<u> </u>		ITY-SI	- ZiP			- Addition			
TITLE		☐ DELETE	LETE 3.1 TITLE				[] Change	☐ Addition			
NAME			3.2 NA	ME				Į			
STREET ADDRESS			3.3 S1	REET	ADDRESS			İ			
CITY-ST-ZIP 3.					- ZIP						
				4.1 TITLE			Change	☐ Addition			
NAME			4. 2 N	AME							
			4.3 ST	REET	ADDRESS			Ì			
CITY-ST-ZIP 4.4 CI					-ZIP						
TITLE DELETE 5.1							Change	☐ Addition			
NAME			5.2 N/	AME				İ			
STREET ADDRESS			5.3 ST	REET	ADDRESS	「三位が570」		l			
				TY-ST	-ZIP	7/17/09		l			
TITLE		☐ DELETE	6.1 TY	TLE	_	<del>                                     </del>	Change	Addition			
NAME			6.2 N	ME		•	-				
			6.3 S	REET	ADDRESS			}			
STREET ADDRESS				TY-ST							
14. I hereby certify that the information supplied with this filling does not qualify for the experience of the experien						t in Section 119 07/3)(i) Florida Statutes, I further ce	rtify that the	information			

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 eath; 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 application with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TO SIGNING OFFICER OR DIRECTOR

4699 941481-350°

CR2F034