

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N16947** (6)

1. Corporation Name

**THE IMPERIAL DRAGONS, INC.**



Principal Place of Business

Mailing Address

C/O HENRY MCMICKENS  
2549 W. 45TH ST.  
JACKSONVILLE FL 32209  
US

C/O HENRY MCMICKENS  
2549 W. 45TH ST.  
JACKSONVILLE FL 32209  
US

3. Date Incorporated or Qualified  
**09/22/1986**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2920995**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCMICKENS, HENRY  
2549 W. 45TH ST.  
JACKSONVILLE FL 32209

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

TITLE ☒ DELETE

NAME ☒ DELETE

STREET ADDRESS

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STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

PD ☐ Change ☐ Addition

COPELAND, HAROLD

1821 WILSON ST

JACKSONVILLE, FL 32209

PD ☐ Change ☐ Addition

COPELAND, GEORGE

5519 VERNON ROAD

JACKSONVILLE, FL 32209

SD ☐ Change ☐ Addition

MCMICKENS, HENRY

2549 W. 45TH STREET

JACKSONVILLE, FL 32209

FS ☐ Change ☐ Addition

GRISWOLD, LORENZO

11521 LAGUNA COURT

JACKSONVILLE, FL 32210

T ☐ Change ☐ Addition

BRYANT, MAJOR

544 W. 17TH STREET

JACKSONVILLE, FL 32209

☐ Change ☐ Addition

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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)(k), 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: *Henry M. Mickens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1- 29/96

764-0722

Date

Daytime Phone #

CR2E037 (12/95)