

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000027136 (8)

1. Corporation Name

IMESON CENTER, INC.



Principal Place of Business

100 NORTH TAMPA STREET
SUITE 3575
TAMPA FL 33602

Mailing Address

100 NORTH TAMPA STREET
SUITE 3575
TAMPA FL 33602

2. Principal Place of Business

21 ONE IMESON PARK BLVD.

Suite Apt. #, etc.

22 BUILDING 100

City & State

23 JACKSONVILLE, FL

Zip

24 32218

Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-3288511

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

NEWTON, ARIS
1 IMESON PARK BLVD.
BUILDING 100
JACKSONVILLE FL 32218

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and date of appointment

Signature, typed or printed name of new registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P

NEWTON, ARIS

13700 SUTTON PARKE DR., #128

JACKSONVILLE FL 32224

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST

NEWTON, PARK

100 NORTH TAMPA STREET., SUITE 3575

TAMPA FL 33602

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D

WEBB, CAREY

100 NORTH TAMPA STREET, SUITE 3575

TAMPA FL 33602

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

(813) 224-0228

CR2E034 (12/95)