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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000076915 (4)

1. Corporation Name

IMPERIAL AUTOMATIC INKERS, INC.



Principal Place of Business

Mailing Address

2807 STEARNS ROAD
VALRICO FL 33594

PO BOX 1059
VALRICO FL 33595-1059

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 501 Sou Faulkenburg Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-1

27

City & State

City & State

23 Tampa, FL 33619

28

Zip

Country

Zip

Country

24 25 HILLSBOROUGH

29

30

4. FEI Number

59-3372689 Applied For

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

RAY, BEN T
2807 STEARNS ROAD
VALRICO FL 33594

81 Name

MICHAEL J. MCDERMOTT, ATTY AT LAW

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

791 WEST LUMSDEN RD

83

BRANDON, FL 35511

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.002 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 (if not signing agent)

MICHAEL J. MCDERMOTT, ATTY AT LAW

DATE

4-30-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☒ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME RAY, BEN T
STREET ADDRESS 2807 STEARNS RD
CITY-ST-ZIP VALRICO FL 33594

1.2 NAME PT
1.3 STREET ADDRESS MARTHA F. SMITH
1.4 CITY-ST-ZIP 1119 BLOOM HILL AV
VALRICO, FL 33594

TITLE VPS ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME SMITH, MARTHA F
STREET ADDRESS 1217 BIG PINE DR
CITY-ST-ZIP VALRICO FL 33594

2.2 NAME VPS
2.3 STREET ADDRESS LINDA F. THOMAS
2.4 CITY-ST-ZIP 1119 BLOOM HILL AV
VALRICO, FL 33594

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

TITLE ☐ DELETE

8.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Martha F. Smith, MARTHA F. SMITH 4/30/97 (813) 654-8980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)