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112

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000089062 (9)**

1. Corporation Name
IMPERIAL RIDGE ESTATES, INC.

Principal Place of Business	Mailing Address
395 S CENTRAL AVE BARTOW FL 33830	395 S CENTRAL AVE BARTOW FL 33830-4622

3. Date Incorporated or Qualified: **10/25/1996**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: Applied For ☑ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'TOOLE, NEAL L
395 S CENTRAL AVE
BARTOW FL 33830

10. Name and Address of New Registered Agent

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 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 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	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARENS, LUDO		1.2 NAME	
STREET ADDRESS	AUTOWEG 10 B1861 WOLVERTEM		1.3 STREET ADDRESS	
CITY-ST-ZIP	BELGIUM		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SYKES, ALAN		2.2 NAME	B00002220998--7
STREET ADDRESS	WAKEFIELD RD		2.3 STREET ADDRESS	-06/24/97--01024--003
CITY-ST-ZIP	BARNSLEY SOUTH YORKSHIRE		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, RICHARD P		3.2 NAME	
STREET ADDRESS	THE ROPSLEY ESTATE GRANTHAM LINCOLNSHIRE		3.3 STREET ADDRESS	
CITY-ST-ZIP	NG33 4AS UNITED KINGSDOM		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: R. Richard Turner H. 5-2-97 4616765751

Form **SS-4**
(Rev. April 1991)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN

OMB No. 1545-0003
Expires 4-30-94

Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
Imperial Ridge Estates Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
C/o Neal O'Toole

4a Mailing address (street address) (room, apt., or suite no.)
385 South Central Avenue

5a Address of business (See instructions.)

4b City, state, and ZIP code
Bartow, Florida 33830

5b City, state, and ZIP code

6 County and state where principal business is located
Polk County, Florida

7 Name of principal officer, grantor or general partner (See instructions.) ▶ Richard P. Turner

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Individual SSN
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify)
- ☐ Other (specify) ▶
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate
- ☐ Plan administrator SSN
- ☒ Other corporation (specify)
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

If nonprofit organization enter GEN (if applicable)

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶ | Foreign country | State: Florida

9 Reason for applying (Check only one box.)

- ☒ Started new business
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶
- ☐ Banking purpose (specify) ▶
- ☐ Changed type of organization (specify) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 10/25/96

11 Enter closing month of accounting year. (See instructions.) 12/31

12 First date wages or annuities were paid or will be paid (Mo., day, year) Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶ N/A

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶	Nonagricultural	Agricultural	Household
	0	0	0

14 Principal activity (See instructions.) ▶ Real Estate

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☒ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.
True name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Telephone number (include area code)

Name and title (Please type or print clearly.) ▶ Richard P. Turner, President

Signature ▶ X Richard P. Turner Date ▶ 30.5.97

Note: *Do not write below this line. For official use only* 30 MAY 1997

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying