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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Mailing Address	
•	
CAPE CORAL FL 33991	
	Mailing Address 1202 SW 9TH AVE,

FILED Mar 18 1998 8:00am Secretary of State

	1998		ST TO	9	DIVISION C	OF CORPO	PATI	ONS		Scoretary	OI St	atc
DOCUMENT # P9700059228 (1) JIMMY IMPERIAL & SON, INC.												
	Incipal Place of Business Mailing Address 1202 SW 9TH AVE. APE CORAL FL 33891 Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c.						ı					
• .				-	-					n araktabı ana venit anası Rökin anılı Arısı gör	INT WITH COLDS TANKS THE	(B) 1844 1861
						91						
										07/07/1997		
2. Principal F	Place of Business	3		 	iling Address					4. FEI Number 65-076493	2 / 	
	#, etc.			├ ─¬	te, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
City & Stat	le				y & State					6. Election Campaign Financing		
23 Zin		Country										
24) 24]	25	Country		-		 1	ountry	'				1
471		Address o	Current I	L= *. 1	d Agent	[30]	1		1			
SW	V PROFESSION	VAL SERVIC	ES OF F	T. MYER	S, INC		81	Name				
							82 Street Addr			s (P.O. Box Number is Not Acceptable)		
FT.	. MYERS FL 33	3919						550				
							83					
							84	City			85 Zip (Code
11. Pursuant	to the provisions	of Sections	607.0502 a	and 607.15	508, Florida Sta	atutes, the	above	e-named o	corpor	ration submits this statement for the purpo	HIS SPACE Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Pour tyear Intangible Yes No No No No No No No N	
agent. I a	ım familiar with, i	and accept t	he obligation	ons of, Sec	ction 607.0505.	, Florida Si	tatutes	S.			- сър-	
SIGNATURE	Signature, typed or pr	inted name of reg	esterod agent i	and little if apply) gklasik	NOTE Registe	red Age	ent signature r	required	when reinstating) DA	ATE	
12.		OFFIC	ERS AND I	DIRECTOR	2 S					·	AND DIRECTOR	
TITLE PD	JAME.	s Ind	PERIN	· ~	DELETE	ı		į			Change	Addition
NAME	1202	SW 97	# cen	K			NAME					. [
STREET ADDRESS	CARAC	OCAL	FL	3394	1/	1		ADDRESS				}'
CITY-ST-ZIP TITLE	100-0	<u> </u>	·	,,,	DELETE		CITY-S	1-214			Change	L.J Addition
NAME	ľ						NAME	}				
STREET ADDRESS						2.3	STREET	ADDRESS				i
CITY-ST-ZIP						2. 4	CITY-	ST-ZIP				
TITLE					DELETE		TITLE	ļ			L Change	Addition
NAME							NAME					}
STREET ADDRESS							STREET	ADDRESS				
CITY-ST-ZIP TITLE					DELETE		TITLE	91-2IP			☐ Change	Addition
NAME						4.2	NAME					
STREET ADDRESS						4.3	STREET	ADDRESS				1
CITY-ST-ZIP						4.4	CITY-S	T-ZIP				
TITLE					DELETE		TITLE	{			L_I Change	☐ Addition
NAME OTRICET ADDRESS							NAME	4DDDCCC				•
STREET ADDRESS							STREET CITY-S	ADDRESS				
CITY-ST-ZIP TITLE					DELETE		TITLE	1 - 24			Change	Addition
NAME							NAME	}			-	- 1
STREET ADDRESS						6.3	STREET	ADDRESS				
CITY-ST-ZIP							CITY-S					
14. I hereby of	certify that the inf	formation sup	oplied with demental a	this filing a	does not qualif	ty for the 6	xemp	tion stated	d in Se Nature	action 119.07(3)(i), Florida Statutes. I furthe shall have the same legal effect as if mad	er 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 it made under oath; that I am a 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.