

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90004 044 \*\*\*150.00

DOCUMENT # P97000105151

1. Corporation Name

IMPERIAL ENTERPRISES BY GILBERT, INC.

Principal Place of Business

310 N 5TH ST  
FLGLER BEACH FL 32136

Mailing Address

310 N 5TH ST  
FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

59-3483038

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1278 CR 442

Suite, Apt. #, etc.

22 LAKE PANASOFFKEE FLA

City & State

23

Zip

24 33538

Country

25 SUMTER

2a. Mailing Address

26 PO BOX 328

Suite, Apt. #, etc.

27 LAKE PANASOFFKEE FLA

City & State

28

Zip

29 33538

Country

30 SUMTER

9. Name and Address of Current Registered Agent

GILBERT, LYNN HAROLD  
310 N 5TH ST  
FLGLER BEACH FL 32136

10. Name and Address of New Registered Agent

81 Name GILBERT, LYNN HAROLD

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

1278 CR 442

83

84 City

LAKE PANASOFFKEE FL

85 Zip Code

33538

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

LYNN HAROLD GILBERT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GILBERT, LYNN H  
STREET ADDRESS 310 N 5TH ST  
CITY-ST-ZIP FLGLER BEACH FL 32136

TITLE D ☐ DELETE  
NAME GILBERT, CAROL B  
STREET ADDRESS 310 N 5TH ST  
CITY-ST-ZIP FLGLER BEACH FL 32136

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME GILBERT, LYNN H  
1.3 STREET ADDRESS 1278 COUNTY ROAD 442  
1.4 CITY-ST-ZIP LAKE PANASOFFKEE FLA 33538

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME GILBERT, CAROL B  
2.3 STREET ADDRESS 1278 COUNTRY ROAD 442  
2.4 CITY-ST-ZIP LAKE PANASOFFKEE, FLA 33538

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)