

5-1-98 B 1047 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000004495 (7)

1. Corporation Name

THE ISLANDS VISITOR CENTER COMPANY

Principal Place of Business

677 N. WASHINGTON BLVD.
SARASOTA FL 34236
US

Mailing Address

P.O. BOX 1030
SARASOTA FL 34230
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1994

4. FEI Number

65-0486774

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Bay Plaza Exec Ctr
Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 1290 N. Palm Ave

27 City & State

City & State

23 SARASOTA

28 City & State

Zip

Country

24 FL

25 US

26 34236

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, LINDA B
343 SO. WASHINGTON
SARASOTA FL 34236

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 P
NAME MCKENZIE, K D
STREET ADDRESS 343 S. WASHINGTON DR
CITY-ST-ZIP SARASOTA FL
☐ DELETE

1.1 TITLE K D Robertson
1.2 NAME 921 Sweet Juliet Way
1.3 STREET ADDRESS Greer, S.C. 29650 Pres.
1.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE T
NAME STUART, BILL P
STREET ADDRESS 1648 ARABIAN LANE
CITY-ST-ZIP PALM HARBOR FL 34685
☒ DELETE

2.1 TITLE Campaigne, Jacqueline
2.2 NAME 1290 N Palm Ave
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP SARASOTA FL 34236 Secy
☒ Change ☐ Addition

TITLE MERR
NAME ITT, SARA C
STREET ADDRESS 847 SEAWARD DR
CITY-ST-ZIP CHARLESTON DC
☒ DELETE

3.1 TITLE LINDA MCKENZIE
3.2 NAME 343 So Washington Dr.
3.3 STREET ADDRESS SARASOTA, FL 34230 VP Res
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE VP
NAME CAMPAIGNE, JACQUILINE
STREET ADDRESS 689 LANDS END DR.
CITY-ST-ZIP LONGBOAT KEY FL
☒ DELETE

4.1 TITLE Campaigne, Jacqueline
4.2 NAME 689 Lands End Dr.
4.3 STREET ADDRESS Longboat Key FL 34238 Treas
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

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.

SIGNATURE:

Kimberly D. Robertson

4/21/98

CR2E034 (10/97)