

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Mar 20, 1996 08:00 AM**  
**Secretary of State**

DOCUMENT # **G50697** (3)

1. Corporation Name  
**ISLAND INN SHORES, INC.**



Principal Place of Business: **902 E REYNOLDS ST. P.O. BOX 1030 PLANT CITY FL 33566-3661**  
Mailing Address: **902 E REYNOLDS ST. P.O. BOX 1030 PLANT CITY FL 33566-3661**

3. Date Incorporated or Qualified: **07/20/1983** 3a. Date of Last Report: **03/16/1995**  
4. FEI Number: **59-2305572** Applied For:  Not Applicable  
5. Certificate of Status Deemed:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BROWNLEE, CARL**  
**902 E. REYNOLDS ST.**  
**PLANT CITY FL 33566**

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 \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DS                    | <input type="checkbox"/> DELETE |
| NAME           | MURPHY, WALTER        |                                 |
| STREET ADDRESS | 6500 SUNSET WAY #506  |                                 |
| CITY- ST- ZIP  | PLANT CITY FL         |                                 |
| TITLE          | DP                    | <input type="checkbox"/> DELETE |
| NAME           | BROWNLEE, CARL R      |                                 |
| STREET ADDRESS | 902 E REYNOLDS STREET |                                 |
| CITY- ST- ZIP  | PLANT CITY FL         |                                 |
| TITLE          | DT                    | <input type="checkbox"/> DELETE |
| NAME           | MURPHY, WALTER        |                                 |
| STREET ADDRESS | 6500 SUNSET WY 506    |                                 |
| CITY- ST- ZIP  | ST PETERSBURG BCH FL  |                                 |
| TITLE          | DVP                   | <input type="checkbox"/> DELETE |
| NAME           | MCCLELLAN, LACEY      |                                 |
| STREET ADDRESS | 1903 W. REYNOLDS ST.  |                                 |
| CITY- ST- ZIP  | PLANT CITY FL         |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY- ST- ZIP  |                       |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY- ST- ZIP  |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY- ST- ZIP  |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY- ST- ZIP  |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY- ST- ZIP  |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY- ST- ZIP  |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 CITY- ST- ZIP  |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Walter E. Murphy* WALTER MURPHY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JAN 1996 (813) 367-5079

CR2E034 (12/95)