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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔭

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H175

(1)

ISLAND SUN DECORATING CO.

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IOLAITE	JON DECONATING CO.				
Principal Place	e of Business	Mailing Address			in didit alan alan bisi teat
5901 SUN BLVD. 5901 SUN BLVD					
108-A SUITE 106A			DO NOT WRITE IN THIS	PDACE	
ST. PETERSBURG FL 33715 ST. PETERSBURG FL 3371		1	3. Date Incorporated or Qualified	JOFACE	
00		•••		08/21/1984	
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2439939	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	ө	Cily & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 Supra and 5 dds 22 of Curren	29 30	<u>D </u>	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
0.7	9, Name and Address of Curren	r vedistelen videur	81 Name	10. Name and Address of New Registered	Agent
	OKES, EVELYN		Russe		
	52 ELBOW LANE NORTH			ess (P.O. Box Number is Not Acceptable)	
51	PETERSBURG FL 33710		83 74S 4	14th Ave	
•			••		
•			84 City	te Beach Fl	85 Zip Code
4 Purcuant	to the provisions of Soctions 6/17 05/1	2 and 607 1508. Florida Statutes	the above named core		
office or r	egistered agent, or both, in the State	of Horida, Such change was aut	horized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
	m familiar with, and accept the obliga	ations of Section 607,0505, Florid	da Statutes.	5-10	10
SIGNATURE 1	Stonkure, typed or printed name of registered ages	uit and trie it and eable (NOTE E	Registered Agent signature require	ed when reinstation) DATE	· 74
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD .	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, RUSSELL M.	· ·	1.2 NAME		
STREET ADDRESS	145 44TH AVE	•	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	ST. PETE BEACH FL		1.4 CITY-ST-ZIP		3
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	S TOKES, EVELYN		2.2 NAME		
STREET ADDRESS	8052 ELBOW LANE NORTH	1	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 City-St-ZiP		
TITLE	V	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOKES, THOMAS A.	`	32 NAME		ľ
STREET ADDRESS	8052 ELBOW LANE NORHT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CHY-ST-ZIP		
TITLE	8	DELETE	41 TITLE		Change Addition
NAME	STOKES, DAVID T.	· ·	4. 2 NAME		
STREET ADDRESS	1740 BRADSHAW LANE NOR	IH	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	T oc. cre	4.4 CITY-ST-ZIP		The state of the s
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY-ST-7)P		Change Addition
		← ptrest	6.1 TITLE		L Criange L Addition
NAME CTOCCT ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP	O S CONTOUR FOR THE SECOND	

14. Thereby 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.

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