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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H22936 (9)
1. Corporation Name
ISLES DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
1 FLA PK. DR. SOUTH 1 FLA. PK. DR. S.
SUITE 107 SUITE 107
PALM COAST FL 32137 PALM COAST FL 32137
US US

3. Date Incorporated or Qualified 09/27/1984 3a. Date of Last Report 02/16/1996
4. FEI Number 59-2589266 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent
MEREDITH, SANDRA
2699 LEE RD. SUITE #430
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
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 607.1506, 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
TITLE D ☐ DELETE
NAME CRISHER, JAMES N.
STREET ADDRESS 2059 OAK MARSH DR
CITY - ST - ZIP FERNANDINA BCH FL
TITLE DP ☐ DELETE
NAME VESTEY, SIDNEY S.
STREET ADDRESS 702 TUSCARORA TRAIL
CITY - ST - ZIP MAITLAND FL
TITLE DST ☐ DELETE
NAME CRISHER, GRACIE G.
STREET ADDRESS 2059 OAK MARSH DRIVE
CITY - ST - ZIP FERNANDINA BCH FL
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
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DP
2.3 STREET ADDRESS VESTEY, SYDNEY S.
2.4 CITY - ST - ZIP 4902 SANDCASTLE CIRCLE
ST. AUGUSTINE, FLA 32095
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 do 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: *Sydney S. Vestey* **NOT REQUIRED** 2-1-97 904-4469087
Signature: Typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)