FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 19 PM 11:34

DOCUMENT # **H61869** **(4)**

1. Corporation Name
ISLAND PUBLICATIONS OF PENSACOLA BEACH, INC.

Principal Place of Business	Mailing Address
400 QUIETWATER BEACH BLVD PENSACOLA BCH. FL 32561	400 QUIETWATER BEACH BLVD PENSACOLA BCH. FL 32561

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1985
3a. Date of Last Report: 07/11/1994

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):

4. FEI Number: 59-2677487 ☐ 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. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATERS, JANE D.
1203 ARIOLA DR.
PENSACOLA BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name: KAREN M. BRYANT
82 Street Address (P.O. Box Number is Not Acceptable): 1022 Great Oak Drive
83:
84 City: Gulf Breeze FL 85 Zip Code: 32561

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: KAREN BRYANT Karen M Bryant DATE: 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	WATERS, JANE D.	12 NAME	BRYANT, BARBARA
STREET ADDRESS	1203 ARIOLA DR.	13 STREET ADDRESS	P.O. Box 292 (1022 Great Oak Drive)
CITY-ST-ZIP	PENSACOLA BCH. FL	14 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	WATERS, CANDACE	22 NAME	
STREET ADDRESS	1203 ARIOLA DR.	23 STREET ADDRESS	Resigned
CITY-ST-ZIP	PENSACOLA BCH. FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	WATERS-ADAMS, SHELLEY	32 NAME	
STREET ADDRESS	1203 ARIOLA DR.	33 STREET ADDRESS	Resigned
CITY-ST-ZIP	PENSACOLA BCH. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	WATERS, ELIZABETH K.	42 NAME	
STREET ADDRESS	1203 ARIOLA DR.	43 STREET ADDRESS	Resigned
CITY-ST-ZIP	PENSACOLA BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Barbara Bryant Barbara Bryant 4-10-95 (904)934-3417
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime phone #

000176 CP