

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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

3. Date Incorporated or Qualified **06/12/1985** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-2677487** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYANT, KAREN M
1022 GREAT OAK DRIVE
GULF BREEZE FL 32561

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 607.1504, 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 M. Bryant

Date of Registered Agent Signature Required when Remitting Fee

DATE

4-28-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P BRYANT, BARBARA**
STREET ADDRESS **PO BOX 292 N/A (1022 GREAT OAK DRIVE)**
CITY-ST-ZIP **GULF BREEZE FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition
2. NAME *Karen M. Bryant*
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE ☐ Change ☐ Addition
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27. STREET ADDRESS
28. CITY-ST-ZIP
29. TITLE ☐ Change ☐ Addition
30. NAME
31. STREET ADDRESS
32. CITY-ST-ZIP
33. TITLE ☐ Change ☐ Addition
34. NAME
35. STREET ADDRESS
36. CITY-ST-ZIP
37. TITLE ☐ Change ☐ Addition
38. NAME
39. STREET ADDRESS
40. CITY-ST-ZIP
41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
45. TITLE ☐ Change ☐ Addition
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75. STREET ADDRESS
76. CITY-ST-ZIP
77. TITLE ☐ Change ☐ Addition
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79. STREET ADDRESS
80. CITY-ST-ZIP
81. TITLE ☐ Change ☐ Addition
82. NAME
83. STREET ADDRESS
84. CITY-ST-ZIP
85. TITLE ☐ Change ☐ Addition
86. NAME
87. STREET ADDRESS
88. CITY-ST-ZIP
89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. 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 recorder 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:

Karen M. Bryant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-96

DATE

DATE

CS 5/11/96

CR2E034 (12/95)