

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J14375 (6)

1. Corporation Name

ISLAND STORAGE PARK, INC.



Principal Place of Business

% BERT L. JENKS  
5838 PINE TREE DR.  
SANIBEL FL 33957

Mailing Address

% BERT L. JENKS  
5838 PINE TREE DR.  
SANIBEL FL 33957

3. Date Incorporated or Qualified

05/12/1986

3a. Date of Last Report

04/06/1995

4. FET Number

59-2679352

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. 190.032,  
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

JENKS, BERT L.  
5838 PINE TREE DR  
SANIBEL FL 33957

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 of person who is authorized to sign this statement)

(Printed Name of Agent/Registered Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME  
JENKS, BERT L.  
STREET ADDRESS  
5838 PINE TREE DR.  
CITY-ST-ZIP  
SANIBEL FL

TITLE ☐ DELETE

VP  
NAME  
JENKS, CHARLES E.  
STREET ADDRESS  
LONG LAKE STATION  
CITY-ST-ZIP  
FORD WASHINGTON

TITLE ☐ DELETE

T  
NAME  
JENKS, JOAN L.  
STREET ADDRESS  
5838 PINE TREE DR.  
CITY-ST-ZIP  
SANIBEL FL

TITLE ☐ DELETE

S  
NAME  
JENKS, DUSTINE F.  
STREET ADDRESS  
LONG LAKE STATION  
CITY-ST-ZIP  
FORD WA

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

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:

*Bert L. Jenks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(941) 472-5322

CR2E034 (12/95)