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

APPROVED AND FILED
95 APR 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J48497** **(8)**

1. Corporation Name
DAVID'S ISLAND RESORT, INC.

Principal Place of Business	Mailing Address
2823 WEST GULF DRIVE PO BOX 389 SANIBEL FL 33957	2823 WEST GULF DRIVE PO BOX 389 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 03/17/1994

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

4. FEI Number: 65-0165023 ☐ 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

9. Name and Address of Current Registered Agent

DODRILL, DAVID E.
1484 TANGLEWOOD PKWY.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Dodrill, David E.
82 Street Address (P.O. Box Number is Not Acceptable): 2823 West Gulf Drive, P.O. Box 389
83
84 City: Sanibel, FL 65 Zip Code: 33957

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: David E. Dodrill - David E. Dodrill - President 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DODRILL, DAVID E.	1.2 NAME		
STREET ADDRESS	2823 WEST GULF DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	DODRILL, CATHRON S.	2.2 NAME		
STREET ADDRESS	2823 WEST GULF DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	DODRILL, VIOLET	3.2 NAME		
STREET ADDRESS	2823 WEST GULF DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	3.4 CITY-ST-ZIP		
TITLE	C	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNER, H CLAY III	4.2 NAME		
STREET ADDRESS	6410 CASTLEWAY DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: David E. Dodrill - David E. Dodrill April 20, 1995 813-481-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462044 FF