FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49919

(0)

ISLAND DATA SERVICES, INC.

FILED
Jun 16 1997 8:00am
Secretary of State

Zip Code

Principal Place of Business Mailing Address							I HOUSING ONLY BUILD HOUR HOURD STAND SHELL BUILD HOULD BEGIND BEGIND HOULD BEGIND BEGIND HOULD BEGIND				
4320 6TH ST SO P O BOX 10168 ST PETERSBURG FL 33705 US			1923 16TH ST. N. P O BOX 10186 ST PETERSBURG FL 33733-0188								
									Date Incorporated or Qualified 01/02/1987	3a. Date of Last Report 04/29/1996	
2.	2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For			
21	<u> </u>			26				59-2756170 Not Applica			Not Applicable
22	Suite, Apt. #, etc.			Suite, Apl. #, etc.				Certificate of Status Desired See Required See Required			
23	City & State			City & State			6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip	Country 25	29	Zip	30 Cot	ountry			This corporation has liability for in Florida Statutes	tangible tax und Yes 🏻 No	der s. 199.032,
9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
MCINTYRE, ROBERT L 4320 6TH ST. SO ST PETERSBURG FL 33705						81 82 83	Name Street Address (P.O. Box Number is Not Acceptable)				
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City

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change ___ Addition TITLE 1.1 TITLE MOINTYRE, ROBERT L. NAME 1885 SHOREDR. S.# 323 S. PASADENA, PL 33707 P.O. BOX 10186 STREET ADDRESS 1.3 STREET ADORESS ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE WEAVER NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 33710 2 4 CRY- ST- ZIP CITY-ST-ZIP Change DELETE 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREFT ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME

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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or vision empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 33 if changed, or in an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Valan (82)000