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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K23674

DOCUMENT # K2 :	3674 (0)
ISLAND BUMMER, INC.	•
Principal Place of Eusiness	Mailing Address
% SANDRA L. JAMES 8787 TROPICAIRE BLVD. N. PORT FL 34287	% SANDRA L. JAMES 8787 TROPICAIRE BLVD. N. PORT FL 34287
Principal Place of Business	2a. Mailing Address

							 Date Incorporated or Qualified 05/10/1988 		3a. Date of Last Report 06/19/1995			
2. 21	Principal Place of Busin	ness	2a 26	. Mailing Addres	55	•••		4.	FEI Number 65-0070929	.		Applied For
	Suite, Apt. #, etc.		27	Suite, Apt. #, 6	etc.			5.	Certificate of Status Desired		•	Not Applicable 75 Additional ee Required
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution			5.00 May Be
24	25 29 30			30 Cou	ntry		8.	This corporation has liability for Florida Statutes Yes	ntangible No	tax unde	rs 199.032,	
	9, Name	e and Address of Cu	rrent Regis	tered Agent				10.	Name and Address of New R	egistere	d Agent	
JAMES, SANDRA L. 8787 TROPICAIRE BLVD N. PORT FL 34287					81 82 83 84	Name Street Addre	dress (P.O. Box Number is Not Acceptable)					
	Discussed to the way in		500							F	L	

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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

	Ted name of rogistered agent, and title if applicable	(NOTE: Registered Agent signature required	
?. DP	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
· ·	NDDA I	1. 1 TITLE	Change Addition
ME JAMES, SA		1.2 NAME	
	PICAIRE BLVD	1.3 STREET ADDRESS	
Y: ST-ZIF N. PORT F		1.4 CITY - ST - ZIP	
LF	DELETE	2. 1 TITLE	☐ Change ☐ Addition
VIE .		2.2 NAME	
RELIT ADDRESS		2 3 STREET ADDRESS	
TY ST ZIP		2 4 CITY - \$1 - ZIP	
·f	☐ DEL ETE	3 1 TITLE	Change Addition
AE		32 NAME	
EET ADDRESS		33 STREET ADDRESS	
Y-51-712		3.4 CITY-ST-ZIP	
l F	DELETE	4.1 TITLE	Change Addition
ME		4.2 NAME	
REFT ADDRESS		4.3 STREET ADDRESS	
Y-S1 ZIP		4.4 CITY - ST - ZIP	
. •	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
Vt.		5.2 NAME	
REFT ADDRESS		5.3 STREET ADORESS	
Y-SI-ZIF		5 4 CITY - ST - ZIP	
LE .	☐ DELETE	6 1 TITLE	Change Addition
VIE		62 NAME	
EET ADDRESS		63 STREET ADDRESS	
Y-S1-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)(k). Florida Statutes, I further certify that the information indicated op 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 bestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, or on an attachment with an address.

SIGNATURE: