## 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

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc

Opp<sup>®</sup> State **DU** N C

DIXON, RHON ALAN

**63 LANGDON DRIVE** 

22

K74385

(1)

ISLAND VERTICALS MANUFACTURERS, INC.

Principal Place of Business	
701L NORTH OCEAN SHORE BLVD. FLGLER BEACH FL 32136-3309	

405 NORTH STATES

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc

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Name and Address of Current Registered Agent

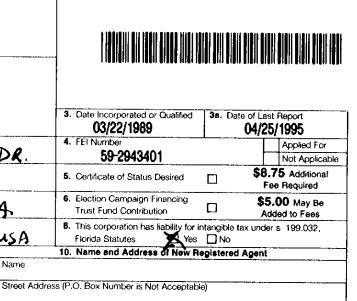
701L NORTH OCEAN SHORE BLVD. FLGLER BEACH FL 32136-3309

63 LANGDON DR.

Country

81 Name

82



PALM COAST FL 32037 83 84 City Zip Code 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 607,0605, Florida Statutes. Rhow Alan Dixon PRes. (NOTE: Registered Agent signature required when reinsteting) 12 CR2E034 (12/95) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THEFE DELETE 1. 1 TITLE Change Addition DIXON, RHON ALAN NAME 1.2 NAME **63 LANGDON DRIVE** STREET ADDRESS 1.3 STREET ADDRESS PALM COAST FL CHY-S1-ZIP 1.4 CITY - ST-ZIP TITLE DELETE 2.1 Title Change Addition NAM 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CHY-SI-ZIF 24 CITY-ST-ZIP 11"LF DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-7/P 3.4 CITY - ST - ZIP THEF DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP III £ DELETE 5 1 TITLE Change Addition NAMi 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS C-14-S1-ZF 5.4 CITY - ST - ZIP TILE DELETE 6 1 TITLE Change ☐ Addition 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY ST ZIP 64 CHY-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 cath; 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.