

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000000383 (8)**

1. Corporation Name

THE ISLAND OASIS, INC.

Principal Place of Business

**BOX 218
ST. GEORGE ISLAND FL 32328**

Mailing Address

**BOX 218
ST. GEORGE ISLAND FL 32328**



3. Date Incorporated or Qualified
12/29/1992

3a. Date of Last Report
10/03/1995

4. FLE Number
59-2884413

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. State: **FL**

26. State: **FL**

22. City & State:

27. City & State:

23. Zip: Country:

28. Zip: Country:

24. 25. 29. 30. 9. Name and Address of Current Registered Agent

**LONBOM, PAUL W
H.C.R. BOX 21
ST. GEORGE ISLAND FL 32328**

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 607.001 and 607.1501, 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, Sections 607.001, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
☐ Change ☐ Addition

1. TITLE ☐ OFFICER

NAME **P WRAY-BONDS, JEANNE M**
STREET ADDRESS **BOX 218 N/A**
CITY, ST, ZIP **ST. GEORGE ISLAND FL 32328**

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE

34. NAME

35. STREET ADDRESS

36. CITY, ST, ZIP

SIGNATURE:

Jeannie M. Wray-Bonds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 904-989-2639
Capitol Press

CR2E034 (12/95)