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

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DOCUMENT # P93000024423 (4)

1. Corporation	ISLAND HOLDINGS, INC.	•	•				
DAVIO	ISLAND HOLDINGS, INC.	_			1 1821/1881 HD 18180 1111 BAIH BEH	40400 ATMA HATTA	(##: 110)
Panoipal Place	e of Business	Mailing Address					1011 01114 1400 5 1114 1 10 1
2915 SR 590	1	2915 SR 590					
STE 21	B P: 440/4	STE 21					
CLEARWATE US	R FL 34619	CLEARWATER FL 34619 US	Ì		3. Date Incorporated or Qualified	3a. Date of	Last Report
					04/01/1993		5/1995
r 1	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt	L oto	26			59-3180930		Not Applicable
22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & State	······································	City & State			6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	У	8. This corporation has liability for		nder s 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New F	No Registered Age	ant
			81	Name	10	rogiotorou rigo	
QUEEN,	GARY F		82	Street Add	ress (P.O. Box Number is Not Acceptat	าไดโ	
2915 SF	R 590			<u> </u>	1000 (1.0. 00x 10x 100 10 10x 100 000 10x	AO1	
STE 21	11 TOD TI		83				
CLEARY	VATER FL 34619		84	City		8	35 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	s the above-	named corpo	ration submits this statement for the nu	rpose of changi	na its registered office
or register familiar wit	ed agent, or both, in the State of Flo- th, and accept the obligations of, Sec	rida. Such change was authorize	d by the corp	poration's boa	oration submits this statement for the purard of directors. I hereby accept the app	ointment as reg	istered agent. I am
SIGNATURE	on, and become the configurations of coc	otion dat lessos, trianda diatales.					
O-GINATOR:	Signature, typed or printed han e of registered age		E. Registered Agn	n'. Signature require	ed when reinstating)	DATE	
12.	F	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	····	
1016	DP Queen, gary f	☐ DELETE	1. 1 TITLE			[_] C	Change
NAME STREET ADDRESS	2915 SR 590 STE 21		1.2 NAME	* 4000000			
GTY-\$1-7iP	CLEARWATER FL			I ADDRESS			
0.111.31.71#	DST	☐ DELETE	2 1 TITLE	31-21			Change Addition
NAME	QUEEN, FRENCH W JR		22 NAME				
STREET ADDRESS	2915 SR 590 STE 21		2 3 STREE	T ADDRESS			
CHY-SI-70F	CLEARWATER FL		2.4 City-5	ST-ZIP			
THLE	D	☐ DELETE	3 1 TITLE			, 🗆 c	Change
NAME	QUEEN, LAWRENCE E		3 2 NAME				
STREET ADDRESS	2915 SR 590 STE 21		33 STREE	T ADDRESS			
CITY: ST: ZIP	CLEARWATER FL		3 4 City - 5	ST-ZIP			
TH.F		DELETE	4 1 TITLE	ĺ		C	hange 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS				LADDRESS			
CHY SI-ZIP		DELETE	4.4 CITY - 5	ST-ZIP			Second D Addition
TITLE NZMO			5. 1 TITLE			υν	hange
NAME STREET ADDRESS			5 2 NAMÉ	* ********			
C. IY-ST-ZP			53 STREET				
TILE		DELETE	5.4 City- 5 6.1 Title	21-215			hange Addition
NAME		<u> </u>	62 NAME			·	
STREET ADDRESS			63 STREET	ADDRESS			
City-St-ZiP			6 4 CITY - S				
	y certify that the information supplied	with this filing is voluntarily furnis			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 true 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.

(813)
SIGNATURE: Statut W. June French W.Queen, Jr., Treasurer 3/12/96 796-7123

SIGNATURE SIGNATURE OR PROTECTION OF PROTECT

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