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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P93000033573 (5)**

1. Corporation Name  
**ISLAND SEAPLANES, INC.**

Principal Place of Business  
**10 CENTRAL AVENUE  
CRESCENT CITY FL 32112**

Mailing Address  
**10 CENTRAL AVENUE  
CRESCENT CITY FL 32112-2602**

2. Principal Place of Business

21 **Eagle's Nest Aerodrome**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **HC 1 Box 152**  
Suite, Apt. #, etc.

22 City & State

23 **Crescent City FL**  
Zip Country

24 **32112** 25 **USA**

27 City & State

28 **Crescent City FL**  
Zip Country

29 **32112** 30 **USA**

9. Name and Address of Current Registered Agent

**DAVIS, BRUCE H  
10 CENTRAL AVENUE  
CRESCENT CITY FL 32112**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **111 Eagle's Nest Lane**

84 City

**Crescent City**

**FL**

85 Zip Code  
**32112**

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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**3-15-97**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **SCOTT, PETER E**  
STREET ADDRESS **109 EAGLE'S NEST DRIVE**  
CITY-STATE-ZIP **CRESCENT CITY FL 32112**

TITLE **S** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE **S/T** ☐ Change ☐ Addition  
2.2 NAME **Patricia A. Mather**  
2.3 STREET ADDRESS **HC Box 14388, 111 Eagle's Nest Lane**  
2.4 CITY-STATE-ZIP **Crescent City FL 32112**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 report or supplemental annual report is true and accurate and 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 applicable, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**904 4678767**



FILED  
Apr 02 1997 8:00am  
Secretary of State

CR2E034 (9/96)