FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

STREET ADDRESS

officer or director of the corpo Block 12 or Block 13 if cty

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

Jun 23 1998 8:00am **PROFIT** RIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P93000033573 (5) DOCUMENT # ISLAND SEAPLANES, INC. Mailing Address Principal Place of Business EAGLE'S NEST AERODROME HC1 BOX 152 10 CENTRAL AVE. CRESCENT CITY FL 32112 CRESCENT CITY FL 32112 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1993 Principal Place of Business 2a, Maring Address 4. FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MATHER, PATRICIA A 117 EAGLE'S NES LANE 82 CRESCIENT CITY FL 32112 83 Zip Code 5 607.1508, Florida Statutes, the above-named corporation submits this statement or the purpose of changing its registered to rick. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered s.o.f. Section 607.0505, Florida Statutes. 84 City 11. Pursuant to the pro office or registe agent I am fan SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 1.1 TILLE SCOTT, PETER E NAME 1.2 NAME 109 EAGLE'S NEST DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CRESCENT CITY FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition 2.1 TITLE TITLE MATHER, PATRICIA A NAME 2.2 NAME BB, III Engles Mestlane HC1 BOX 14333, 111 EAGLE'S NEST LANE STREET ADDRESS 2.3 STREET ADDIRESS **CRESCENT CITY FL** CITY-ST-ZIP 2 4 CITY - ST - 7IP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE TITLE 4.1 HILE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-SI - ZIP CITY-ST-ZIP DELFTE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME

5.3 STREFT ADDRESS

63 STREET ADDRESS

64 CITY-\$1-7IP

6 4 CITY - ST - ZIP

61 TITLE

5.2 NAME

DETETE

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, I further certify that the information indicated on this annual report of suppliemental and or property is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an

***150,00

Change

-06/24/99--01093-

FILED