

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000039594 (5)

1. Corporation Name

ISLAND YACHTING CENTRE INC.



Principal Place of Business

1075 A RIVERSIDE DR  
PALMETTO FL 34221  
US

Mailing Address

1075 A RIVERSIDE DR  
SUITE 149  
PALMETTO FL 34221  
US

3. Date Incorporated or Qualified  
05/27/1993

3a. Date of Last Report  
06/26/1995

2. Principal Place of Business

21 1075 RIVERSIDE DR.

Suite, Apt. #, etc.

22

City & State

23 PALMETTO FL

Zip

24 34221

Country

25 US

2a. Mailing Address

26 1075 RIVERSIDE DR.

Suite, Apt. #, etc.

27

City & State

28 PALMETTO FL

Zip

29 34221

Country

30 US.

4. FEI Number

59-3186491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAWSON, THOMAS STEVEN  
1230 48TH AVE. DR. EAST  
SUITE 149  
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name

IAN JARMAN

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

2320 14TH AVE W STE 201

83

84 City

PALMETTO

FL

85 Zip Code

34221

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, typed or printed name of registered agent and title, if applicable

(INCITE) Registered Agent signature required when reinstating

Date

5/4/96

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME JARMAN, IAN  
STREET ADDRESS 2320 14TH AVE W STE 201  
CITY-ST-ZIP PALMETTO FL

☐ DELETE

TITLE T  
NAME JARMAN, ELIZABETH C  
STREET ADDRESS 2320 14TH AVE W STE 201  
CITY-ST-ZIP PALMETTO FL

☐ DELETE

TITLE VP  
NAME DAWSON, THOMAS S  
STREET ADDRESS 1230 48TH AVE DR E, STE 149  
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 oath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96

Date

941-729-4511

Daytime Phone

CR2E034 (12/95)