

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 03 1997 8:00am  
Secretary of State

DOCUMENT # **P93000068844 (8)**

1. Corporation Name  
**ISLAND BUSINESS & ACCOUNTING SERVICES, INC.**



Principal Place of Business  
**249 VENTURA RD  
ST AUGUSTINE FL 32084  
US**

Mailing Address  
**249 VENTURA RD  
ST AUGUSTINE FL 32084-7372  
US**

3. Date Incorporated or Qualified  
**09/29/1993**

3a. Date of Last Report  
**03/21/1996**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24.

25.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29.

30.

4. FEI Number  
**59-3203264**

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

9. Name and Address of Current Registered Agent

**MEDICK, THOMAS W.  
249 VENTURA RD  
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

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 607.0502 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 of person named as registered agent and the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**DP  
MEDICK, THOMAS W  
249 VENTURA ROAD  
ST AUGUSTINE FL**

STREET ADDRESS

CITY, ST, ZIP

1.2 TITLE ☐ DELETE

NAME  
**DST  
MEDICK, N. JANE  
249 VENTURA ROAD  
ST AUGUSTINE FL**

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 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 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:

*N. Jane Medick* **N. Jane Medick S/T 2/26/97 (904) 471-2741**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0018720

CR2E034 (9/96)