

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000071312 (1)

1. Corporation Name

CAPE AND ISLANDS REALTY CORP.

Principal Place of Business

267 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

267 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

Amended

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

10/07/1993

3. FEI Number

65-0443388

Applied For

Not Applicable

4. Certificate of Status Desired

\$8.75 Additional
Fee Required

5. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

6. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30 ☒ Yes ☐ No

21. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24. Mailing Address

24

Suite, Apt. #, etc.

25

City & State

26

Zip

Country

27

City & State

28

Zip

Country

29

City & State

30

Zip

Country

7. Name and Address of Current Registered Agent

WHITE, ROBERT L
267 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

8. 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

9. 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAMB, J. HERBERT
STREET ADDRESS 267 NORTH COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND FL
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE
DELETE
☐ DELETE

TITLE President, Vice-President, Treasurer, Secretary
NAME ANGUS, DONALD HENRY
STREET ADDRESS P O BOX 278
CITY-ST-ZIP

☐ DELETE
ADD

TITLE 6 JEFFERSON SHORES RD
NAME BUZZARD'S BAY, MA 02532
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition

15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY-ST-ZIP

☐ Change ☐ Addition
☒ Change ☐ Addition

19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition

23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition

27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

☐ Change ☐ Addition
☐ Change ☐ Addition

10. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0503, 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.