

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 AUG 29 PM 2: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000010749 (7)**

1. Corporation Name

ISLAND PARK, INC.

Principal Place of Business

Mailing Address

**13 S. GULF BLVD.
PALM ISLAND FL 34224**

**P.O. BOX 5145
GROVE CITY FL 34224**



2. Principal Place of Business

2a. Mailing Address

21 **7092 Placida Road**

26 **7092 Placida Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Cape Haze, FL**

28 **Cape Haze, FL**

Zip

Country

Zip

Country

24 **33946**

25 **U.S.A.**

29 **33946**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/09/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0466390

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is **9400001936408**)

83 **03/20/96-01007-010**

******375.00 ****375.00**

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 typed and printed in block of registered agent and the filer (if filer is not the registered agent)

(NOTE: Registered Agent's signature required when not a filer)

Date

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **BOXER, JOHN R**
STREET ADDRESS **P.O. BOX 5145 N/A**
CITY-ST-ZIP **GROVE CITY FL 34224**

TITLE **PDT** ☐ DELETE

NAME **BECKSTEAD, DEAN**
STREET ADDRESS **7092 PLACIDA RD.**
CITY-ST-ZIP **PLACIDA FL 33946**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dean L. Beckstead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/96

941-697-7207

CR2E034 (3/96)