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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P94000062975

ISLAND HARBOR CONSTRUCTION CORPORATION

- 1		<u> </u>
	1 Cape Coral Parkway West Jite C	331 CAPE CORAL PARKWAY WES SUITE C
CA US	APE CORAL FL 33914	CAPE CORAL FL 33914 US

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90136 023 ***150.00



331 CAPE COI SUITE C CAPE CORAL US	ral parkway west Fl 33914	331 CAPE CORAL PARKW, SUITE C CAPE CORAL FL 33914 US	CAPE CORAL FL 33914			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/25/1994				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	****	114	Applied For	
21		26			,	65-0532807			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional	
22		27				5. Certifcate of Status Desired		-	Required	
City & Sta	te	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Count	гу		8. This corporation owes the curre	ent vear int			
24	25 29 30		30	Personal Property Tax.		☐ Yes ☑No				
	9. Name and Address of Cui	rent Registered Agent	· -			10. Name and Address of New R	egistered	Agent		
			8	1 Na	me	1900				
)W, ROBERT A			2 04		70.0				
	3 CHIQUITA BLVD.		8	2 30	eet Addres	ss (P.O. Box Number is Not Accepta	DIE)			
CAP	E CORAL FL 33914		8	3						
			8	4 Cit	у		FI	85 Zip	Code	
OHICE OF I	egistered agent, or sour, in the str	0502 and 607.1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607.0505, Flor	utnorizea b	iv the c	ned corpor orporation	ration submits this statement for the parties of directors. I hereby accept	ourneen of	thanging it tment as r	s registered egistered	
SIGNATURE										
	Signature, typed or printed name of registered		Registered Ag	ent signal	ture required v	when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE					Change	☐ Addition	
NAME	SNOW, ROBERT A		1.2 NAME	•						
STREET ADDRESS	5303 CHIQUITA BLVD.		1.3 STRE	ET ADDRI	ESS					
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-	ST-ZIP					1	
TITLE	VP	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	SNOW, VIRGINIA A		2.2 NAME		İ					
STREET ADORESS	5303 CHIQUITA BLVD.		2.3 STRE	ET ADDRI	ESS	•			}	
CITY-ST-ZIP	CAPE CORAL FL 33914		2. 4 CITY-	ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE		 			Change	Addition	
NAME			3.2 NAME		İ				<u></u>	
STREET ADDRESS			3.3 STRE		=99					
CITY-ST-ZIP			3.4. CITY-		~~				1	
TITLE		☐ DELETE	4.1 TITLE	al-LIP	_			[Change	Addition	
NAME			4.1 (I)LE	=					L.J AUGUGH	
STREET ADDRESS			<u>H</u>							
CITY-ST-ZIP			4.3 STREE		:55					
TILE		☐ DELETE	4.4 CITY-	ST-ZIP		1		<u> </u>		
NAME		C. DELETE	5.1 TITLE 5.2 NAME					☐ Change	☐ Addition	
			4		:ee			•		
STREET ADDRESS			5.3 STREE		:55				-	
OTY-ST-ZIP		D DELETE	5.4 CITY-:	51-ZIP	_					
		☐ DELETE						Change	☐ Addition	
AME			6.2 NAME						-	
STREET ADDRESS			6.3 STREE		SS				į	
ZITY-ST-ZIP			6.4 CITY-5	ST-ZIP		•				

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: