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 # **P94000084925 (4)**

1. Corporation Name
ISLAND OUTFITTERS, INC.

Principal Place of Business
~~1234 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

Mailing Address
~~1234 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

3. Date Incorporated or Qualified: 11/18/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 235 Gulf Beach Dr. W
22 Suite, Apt. #, etc.
23 City & State: St. George Island, Fl.
24 Zip: 32328
25 Country: USA

2a. Mailing Address
26 235 Gulf Beach Drive W.
27 Suite, Apt. #, etc.
28 City & State: St. George Island, Fl.
29 Zip: 32328
30 Country: USA

4. FEI Number: NOT APPLICABLE — 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
~~JOHNSON, BEN~~
~~1234 TIMBERLANE ROAD~~
~~TALLAHASSEE FL 32312~~

10. Name and Address of New Registered Agent
81 Name: Morris Palmer
82 Street Address (P.O. Box Number is Not Acceptable): 235 Gulf Beach Drive West
83
84 City: St. George Island FL 85 Zip Code: 32328

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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. The 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: Morris Palmer — 5-28-96
Signature, typed or printed name, title if applicable — Registered Agent signature required, if appointed — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~JOHNSON, BEN~~
STREET ADDRESS	~~1234 TIMBERLANE ROAD~~
CITY-ST-ZIP	~~TALLAHASSEE FL 32312~~
	☒ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
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CITY-ST-ZIP	
	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P ☒ Change ☐ Addition
1.2 NAME	Palmer Morris
1.3 STREET ADDRESS	235 Gulf Beach Drive West
1.4 CITY-ST-ZIP	St. George Island, Fl. 32328
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	

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14. I do hereby certify that the information supplied with this filing, or 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: Morris Palmer 5-28-96 927-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #