

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000084925

1. Corporation Name

ISLAND OUTFITTERS, INC.

FILED

99 OCT -1 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

235 GULF BEACH DR. W  
ST. GEORGE ISLAND FL 32328  
US

Mailing Address

P.O. BOX 446  
EAST POINT FL 32328  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 111 Cabell Drive

84 City Port St. Joe

FL

85 Zip Code 32456

2. Principal Place of Business

21 82 6th Street

Suite, Apt. #, etc.

22 City & State

23 Apalachicola, FL

24 32320

25 Franklin

2a. Mailing Address

26 82 6th Street

Suite, Apt. #, etc.

27 City & State

28 Apalachicola, FL

29 32320

30 Franklin

9. Name and Address of Current Registered Agent

MORRIS PALMER

873 W BAYSHORE DRIVE

ST. GEORGE ISLAND FL 32328

11. Pursuant to the provisions of sections 607.012 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE DP

12.2 NAME PALMER, MORRIS

12.3 STREET ADDRESS 873 W BAYSHORE DRIVE

12.4 CITY-STATE-ZIP ST. GEORGE ISLAND FL

12.5 TITLE

12.6 NAME

12.7 STREET ADDRESS

12.8 CITY-STATE-ZIP

12.9 TITLE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

12.13 TITLE

12.14 NAME

12.15 STREET ADDRESS

12.16 CITY-STATE-ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY-STATE-ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

12.25 TITLE

12.26 NAME

12.27 STREET ADDRESS

12.28 CITY-STATE-ZIP

12.29 TITLE

12.30 NAME

12.31 STREET ADDRESS

12.32 CITY-STATE-ZIP

12.33 TITLE

12.34 NAME

12.35 STREET ADDRESS

12.36 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS 111 Cabell Drive

13.4 CITY-STATE-ZIP Port St. Joe, FL 32456

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

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13.12 CITY-STATE-ZIP

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13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

13.33 TITLE

13.34 NAME

13.35 STREET ADDRESS

13.36 CITY-STATE-ZIP

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)