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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000052194 (4)**

1. Corporation Name

ISLAND HOMES BY SEAWARD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1586 FERNANDINA BEACH FL 32035-1586	P.O. BOX 1586 FERNANDINA BEACH FL 32035-1586

3. Date Incorporated or Qualified: 07/03/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 2400 Sugarmill Blvd.
22: Suite, Apt. #, etc.
23: St. Marys, GA 31548
City & State
24: Zip
25: Country

2a. Mailing Address
26: P.O. Box 348
27: Suite, Apt. #, etc.
28: St. Marys, GA 31548
City & State
29: Zip
30: Country

4. FEI Number: 58-2196854 ☐ 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

POOLE, WESLEY R
303 CENTRE STREET, SUITE 200
FERNANDINA BEACH FL 32034

10. 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

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, type or print name of registered agent, and title, if applicable) (Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROUSSARD, SEWARD L P.O. BOX 1586 FERNANDINA BEACH FL 32035	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition D Broussard, Seward L P.O. Box 348 / 2400 Sugarmill Blvd St. Marys, GA 31548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLLISON, KENNETH H JR 3056 FLETCHER AVENUE FERNANDINA BEACH FL 32034	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLLISON, HUGH K 3056 FLETCHER AVENUE FERNANDINA BEACH FL 32034	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLLISON, LAWTON 3056 FLETCHER AVENUE FERNANDINA BEACH FL 32034	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 100001872401 -06/24/96--01018--018 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: Seward L. Broussard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 96
Date

Daytime Phone #