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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052194 (4)

ISLAND HOMES BY SEAWARD, INC.

| Principal Place of Business Mailing Address     |  |  |  |  |   |  |  |
|---|--|--|--|--|---|--|--|
| 2400 SUGARMILL BLVD.<br>ST. MARYS GA 31548      |  | PO BOX 348<br>ST. MARYS GA 31548-0348          |  |  |   |  |  |
|   |  |  |  |  | 3. Date Incorporated or Qualified 07/03/1995  | 3a. Date of Last Report 05/01/1996   |  |
| 2. Principal Place of Business                  |  | 2a. Mailing Address                            |  | 4. FEI Number  | Applied For   |  |  |
| 21  |  | 26   |  |  | 58-2196854  | Not Applicable   |  |
| Suite, Apt. #, etc.                             |  | H  | Suite, Apt. #, etc.                      |  | 5. Certificate of Status Desired  | \$8.75 Additional  |  |
| City & State                                    |  | City & State                                   | City & Stato                             |  | O Floring County Street   | Fee Required   |  |
| 23  |  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees   |  |  |
| Zip   | Country  | Zip  | Cou                                      | ntry   | 8. This corporation has liability for it  |  |  |
| 24  | 25]  | 29   | 30                                       |  | · ·   | Yes ☐ No   |  |
| 9, Name and Address of Current Registered Agent |  |  |  |  | 10. Name and Address of New Reg   | gistered Agent   |  |
| POOLE, WESLEY R                                 |  |  |  | 81 Name  |   |  |  |
| 303 CENTRE STREET, SUITE 200                    |  |  |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptab  | le)  |  |
| FER   | NANDINA BEACH FL 32034                             |  |  |  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|   |  |  |  | 83   |   |  |  |
|   | • #  |  |  | 84 City  | <del></del>   | ■■ <b>85</b> Zip Code  |  |
| 44 0  |  | 0 1007 1500 51                                 |  |  |   | FL   |  |
| office or r                                     | egistered agent, or both, in the State             | z and 607.1508, Flore<br>of Florida. Such char | ia Statutes, the at<br>ge was authorized | ove-named co<br>by the corpora                         | rporation submits this statement for the pration's board of directors. I horeby accep | urpose of changing its registered in<br>tithe appointment as registered in |  |
| agent. I a                                      | m familiar with, and accept the obliga             | ations of, Section 607.                        | 0505, Florida Stat                       | utes.  |   | -  |  |
| SIGNATURE                                       | Signature, typed or printed name of registered age | of and title if amplicable                     | (NOTE: Regulatores                       | Agore signature ten                                    | uired when reinstating)   | DATE   |  |
| 12.   | OFFICERS AND                                       | · · · · · · · · · · · · · · · · · · ·          | 13.                                      | r Agert, signature requ                                | ADDITIONS/CHANGES TO OFFIC  |  |  |
| TITLE   | D  | ☐ DE   |  | LE   |   | ☐ Change ☐ Addition  |  |
| NAME  | BROUSSARD, SEWARD L                                |  |  | ME   |   | •  |  |
| STREET ADDRESS                                  | 2400 SUGARMILL BLVD.                               |  | 1.3 ST                                   | REET ADDRESS   |   |  |  |
| CITY-ST-ZIP                                     | ST. MARYS GA 31548                                 |  | 1.4 CI                                   | IY-ST-ZIP  |   |  |  |
| TITLE   | D  | ☐ DE   | LETE 21 TH                               | LE   |   | Change Addition  |  |
| NAME  | Tollison, Kenneth H Jr                             |  | 2 2 NA                                   | ME   |   |  |  |
| STREET ADDRESS                                  | 3056 FLETCHER AVENUE                               |  | 2 3 ST                                   | REET ADDRESS   |   |  |  |
| CITY-ST-ZIP                                     | FERNANDINA BEACH FL 3203                           |  |  | TY-ST-ZIP  |   |  |  |
| TITLE   | D  | ☐ DE   | LETÉ 3.1 TIT                             | LE   |   | Change Addition  |  |
| NAME  | TOLLISON, HUGH K                                   |  | 3.2 NA                                   | ME   |   |  |  |
| STREET ADDRESS                                  | 3056 FLETCHER AVENUE                               |  | 3.3 \$1                                  | REET ADDRESS   |   |  |  |
| CITY-ST-ZIP                                     | FERNANDINA BEACH FL 3203                           |  |  | TY - S1 - ZIP  |   |  |  |
| TITLE   | D TANKING I ANGON                                  | ☐ DE   |  |  |   | Change Addition  |  |
| NAME  | TOLLISON, LAWTON                                   |  | 4. 2 N/                                  |  |   |  |  |
| STREET ADDRESS                                  | 3056 FLETCHER AVENUE                               | 4  |  | REE1 ADDRESS   |   |  |  |
| CITY-ST-ZIP                                     | FERNANDINA BEACH FL 3203                           | <b>4</b>                                       |  | Y-ST-ZIP   |   | Chon I data-   |  |
| TITLE   |  | [] DE  |  |  |   | Change Addition  |  |
| NAME<br>STREET ARROSSO                          |  |  | 5.2 NA                                   |  |   |  |  |
| STREET ADDRESS                                  |  |  |  | REET ADDRESS   |   |  |  |
| CITY-ST-ZIP<br>TITLE                            |  | DE   |  | Y-ST-ZIP   |   | Change Addition  |  |
|   |  | L. DE  |  |  |   | LI GHANGE LI ADDITION  |  |
| NAME<br>Street address                          |  |  | 6.2 NA                                   | +  |   |  |  |
| OLUCE I MODULE 99                               |  |  | ■ 6.3 ST                                 | REET ADDRESS   |   | 2  |  |

14. I do hereby certify that the information supplied with this filing 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 eath; 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.

CITY-ST-ZIP