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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052194 (4)

ISLAND HOMES BY SEAWARD, INC.

Principal Place of Business Mailing Address

FILED May 15 1998 8:00am Secretary of State



2400 SUGARMILL BLVD. St. Marys ga 31548		PO BOX 348 St. Marys ga 31548		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualified 07/03/1995	I IIO OI AOL
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26		58-2196854	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25 29 30		30	Personal Property Tax due June 30. Yes No		
g. Name and Address of Current Registered Agent				T	10. Name and Address of New Registe	red Agent
POOLE, WESLEY R				Name		
303 CENTRE STREET, SUITE 200			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
FERNANDINA BEACH FL 32034						
			83			
			84	City		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						
ļ	Signature, typed or printed name of registered			ent signature requ	uired when reinstaling) DA	
12.	OFFICERS .	AND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	BROUSSARD, SEWARD L	נ טבנצוב	1.1 TITLE	1		Change Addition
NAME	2400 SUGARMILL BLVD.		1.2 NAME	1		
	OT MADVO CA OSCAD		1.3 STREEF			
CITY-ST-ZIP	l		1.4 City-5	T-ZIP		[] Observed [] 1 1 1 1 1 1 1 1 1
THLE			2 1 TITLE			Change Addition
NAME	TOLLISON, KENNETH H JR		2.2 NAME	- 1		
STREET ADDRESS	3056 FLETCHER AVENUE		2 3 STAEET			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2 4 CITY - 5	ST-ZIP		Towns I towns
TITLE		DELETE	3.1 TITLE	1		Change Addition
NAME	TOLLISON, HUGH K		32 NAME			
STREET ADDRESS	3056 FLETCHER AVENUE FERNANDINA BEACH FL 32034		3.3 STREET	·		
CITY-ST-ZIP	n rennanuma deaun el 3		3.4. CITY - S	T-ZIP		Change Addition
TETLE	TOLLISON, LAWTON	☐ DELETE	4.1 TITLE			Change Addition
NAME	3056 FLETCHER AVENUE		4. 2 NAME			-
STREET ADDRESS	FERNANDINA BEACH FL 32034		4.3 STREET	·		
CITY-ST-ZIP	FENINAMENA DEACH FL 3		4.4 CITY-S	T- ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREET	· 1		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	·	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME (6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-7IP			64 CITY-S	T. 71P		

14. I 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 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: