

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90003 003 \*\*\*300.00

**DOCUMENT # P95000052194**

1. Corporation Name

**ISLAND HOMES BY SEAWARD, INC.**

Principal Place of Business

**2400 SUGARMILL BLVD.  
ST. MARYS GA 31548**

Mailing Address

**PO BOX 348  
ST. MARYS GA 31548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/03/1995**

4. FEI Number

**58-2196854**

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt #, etc.

2a. Mailing Address

**26** Suite, Apt #, etc.

22 City & State

**23** Zip Country

27 City & State

**28** Zip Country

**24** **25** **29** **30**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROUSSARD, SEWARD L</b>	
STREET ADDRESS	<b>2400 SUGARMILL BLVD.</b>	
CITY-ST-ZIP	<b>ST. MARYS GA 31548</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLISON, KENNETH H JR</b>	
STREET ADDRESS	<b>3056 FLETCHER AVENUE</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLISON, HUGH K</b>	
STREET ADDRESS	<b>3056 FLETCHER AVENUE</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLLISON, LAWTON</b>	
STREET ADDRESS	<b>3056 FLETCHER AVENUE</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)