

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000056585 (9)**

1. Corporation Name

**ISLAND GOLD, INC.**



Principal Place of Business

**1217 20TH TREET  
KEY WEST FL 33040**

Mailing Address

**1217 20TH TREET  
KEY WEST FL 33040**

2. Principal Place of Business

21 **1217 20th Street**

22 Suite, Apt. #, etc.

23 City & State

**Key West, FL**

24 Zip

**33040**

25 Country

2a. Mailing Address

26 **1217 20th Street**

27 Suite, Apt. #, etc.

28 City & State

**Key West, FL**

29 Zip

**33040**

30 Country

3. Date Incorporated or Qualified

**07/20/1995**

3a. Date of Last Report

4. FEI Number

**65-0598095**

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

**FARRELLY, GREGORY  
517 WHITEHEAD STREET  
KEY WEST FL 33040**

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 corporation

(If 20th Registered Agent Signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DPST  
BRITTON, JOANNE F**  
STREET ADDRESS **1217 20TH TREET**  
CITY - ST - ZIP **KEY WEST FL 33040**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **1217 20th Street**  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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)(k), 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:

*Joanne Britton*

Joanne F. Britton, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/96**

CR2E034 (12/95)