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May 09 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047443 (2)

1. Corporation Name

ISLAND CONCEPTS, INC.



Principal Place of Business

Mailing Address

159 CAPRONA ST
SEBASTIAN FL 32958159 CAPRONA ST
SEBASTIAN FL 32958-5807

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 10653 HOLLY ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 10653 HOLLY ROAD

Suite, Apt. #, etc.

4. FEI Number

65-0667060

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

City & State

23 BOKEELIA, FLORIDA

City & State

28 BOKEELIA, FLORIDA

Zip

24 33922

Country

25 LEE

Zip

29 33922

Country

30 LEE

9. Name and Address of Current Registered Agent

LANGLEY, BOBBIE J
159 CAPRONA ST
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name

LANGLEY, BOBBIE J.

82 Street Address (P.O. Box Number is Not Acceptable)

10653 HOLLY ROAD

83

84 City

BOKEELIA

FL

85 Zip Code

33922

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

BOBBIE J. LANGLEY, PRESIDENT

DATE

4/29/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETED
NAME
LANGLEY, BOBBIE J
STREET ADDRESS
159 CAPRONA ST
CITY-ST-ZIP
SEBASTIAN FL 32958TITLE ☐ DELETED
NAME
MACCANI, FRANCIS M
STREET ADDRESS
159 CAPRONA ST
CITY-ST-ZIP
SEBASTIAN FL 32958TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ AdditionD/P/S/T
NAME
LANGLEY, BOBBIE J.
1.3 STREET ADDRESS
10653 HOLLY ROAD
1.4 CITY-ST-ZIP
BOKEELIA, FL 339222.1 TITLE ☒ Change ☐ AdditionD
NAME
MACCANI, FRANCIS M.
2.3 STREET ADDRESS
10653 HOLLY ROAD
2.4 CITY-ST-ZIP
BOKEELIA, FL 339223.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

BOBBIE J. LANGLEY

4/29/97

(941) 283-2069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0107088

CR2E034 (9/96)