

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
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90134 021 ****150.00

DOCUMENT # **P96000089792**
1. Corporation Name
ISLAND PARK CUSTOM WOODWORKING, INC.

Principal Place of Business

6270 OLD U.S. 41
FORT MYERS FL 33912
US

Mailing Address

16270 OLD U.S. 41
FORT MYERS FL 33912
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

65-0703969

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HAYDEN, JOHN J
6851 PANGOLA RD
FT MYERS FL 33905

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

I, 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 agent 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 *John J. Hayden* 1-29-99 **JOHN J. HAYDEN**

1-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
PSD
FREEL, JOSEPH E
16270 OLD U.S. 41
FORT MYERS FL 33912

5. TITLE ☐ DELETE

6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
VTD
HAYDEN, JOHN J
16270 OLD U.S. 41
FORT MYERS FL 33912

9. TITLE ☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ DELETE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ DELETE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ DELETE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *John J. Hayden* **JOHN J. HAYDEN**

1-29-99

941 487 9670

Date

Daytime Phone #

CR2E034 (11/98)