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Feb 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000098787

1. Corporation Name
ISLANDS SOUTH, INC.

Principal Place of Business
POST OFFICE BOX 9958
PANAMA CITY BEACH FL 32417

Mailing Address
POST OFFICE BOX 9958
PANAMA CITY BEACH FL 32417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

59-3457741

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISLER, CHARLES S II
434 MAGNOLIA AVENUE
PANAMA CITY BEACH FL 32401

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE
NAME ALFORD, DANIEL R
STREET ADDRESS 10948 EAST HWY, C-30A
CITY-ST-ZIP PANAMA CITY BEACH FL

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **P.S.T.D. ALFORD, DANIEL R.**
1.3 STREET ADDRESS **10948 EAST HWY. C-30A**
1.4 CITY-ST-ZIP **Panama City BEACH, FLORIDA 32413**

TITLE VD ☒ DELETE
NAME BOYD, AMY
STREET ADDRESS 255 BLUE BELL CIR
CITY-ST-ZIP SANTA ROSA BEACH FL

2.1 TITLE ☒ Change ☒ Addition
2.2 NAME **V.D. ARCHISON, J.D. ROY**
2.3 STREET ADDRESS **80 SHORELINE DRIVE**
2.4 CITY-ST-ZIP **GULF BREEZE, FL. 32561**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Daniel R. Alford

Date

1-11-99

Daytime Phone #

850-233-8830

CR2E034 (11/98)