

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90169 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000024884**

1. Corporation Name

**ISLAND STYLE CUSTOM BUILDERS, INC.**

Principal Place of Business

**951 SHETTER AVE.  
JACKSONVILLE FL 32250**

Mailing Address

**951 SHETTER AVE.  
JACKSONVILLE FL 32250**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/19/1997**

4. FEI Number

**59-3438861**

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

**21 151 LaPasada Ct.**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 P.O. Box 50458**  
Suite, Apt. #, etc.

**22 Ponte Vedra Bch**  
City & State

**27 Jacksonville Bch**  
City & State

**23 FL 32082**  
Zip Country

**28 FL 32240-0458**  
Zip Country

**24 32082 25 St. Johns**  
9. Name and Address of Current Registered Agent

**29 32240 30 Duval**  
10. Name and Address of New Registered Agent

**CRABTREE, R.R. ESQ.  
8375 DIX ELLIS TRAIL, SUITE 401  
JACKSONVILLE FL 32256**

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 ☐ DELETE  
NAME **D WORTHLEY, SCOTT A**  
STREET ADDRESS **951 SHETTER AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ DELETE  
NAME **D THOMPSON, RICHARD A**  
STREET ADDRESS **951 SHETTER AVE.**  
CITY-ST-ZIP **JACKSONVILLE FL 32250**

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

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **V/D Kelly F. Worthley**  
1.3 STREET ADDRESS **151 LaPasada Ct.**  
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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 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 line empowered.

SIGNATURE: **Scott A. Worthley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/99**  
Date Daytime Phone #

CR2E034 (1/98)