


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90159 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000011738

1. Corporation Name
ISLAND CARPENTRY INC.

Principal Place of Business
9312 KINCAID COURT
SANIBEL ISLAND FL 33957

Mailing Address
9312 KINCAID COURT
SANIBEL ISLAND FL 33957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/04/1998		4. FEI Number 65-0783820		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FOYE, ERIKA 9312 KINCAID COURT SANIBEL ISLAND FL 33957				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 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOYE, MARTIN	1.2 NAME	
STREET ADDRESS	9312 KINCAID COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOYE, ERIKA	2.2 NAME	
STREET ADDRESS	9312 KINCAID COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, JEFFREY	3.2 NAME	
STREET ADDRESS	P.O. BOX 161	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERS, WILTON JR	4.2 NAME	
STREET ADDRESS	P.O. BOX 978	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTMAN, DON	5.2 NAME	
STREET ADDRESS	23 EMILY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	5.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KEVIN	6.2 NAME	
STREET ADDRESS	1309 SUNBURY DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	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

Date

Daytime Phone #

4/29/99 941-472-3913

CR2E034 (11/98)