

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S11809 (8)

1. Corporation Name

ISLAND CONSTRUCTION, INC.



Principal Place of Business

4401 N A1A
FT PIERCE FL 34949
US

Mailing Address

4401 N A1A
FT PIERCE FL 34949
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified
11/07/1990

3a. Date of Last Report
08/04/1995

4. FEI Number

65-0227675

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RUSSELL, SHERI~~
~~4949 NORTH A1A #151~~
FT PIERCE FL 34949

81 Name Robert Nelson

82 Street Address (P.O. Box Number is Not Acceptable)
2470 Harbour Cove Drive

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

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

DATE

1-23-96

12. OFFICERS AND DIRECTORS

TITLE ~~DST~~ ☐ DELETE

NAME ~~RUSSELL, SHERI~~
STREET ADDRESS ~~4949 N. A1A, UNIT 74~~
CITY-ST-ZIP FT. PIERCE FL

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☒ Change ☐ Addition

1.2 NAME Robert Nelson
1.3 STREET ADDRESS 2470 Harbour Cove Drive
1.4 CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Sam Conley
2.3 STREET ADDRESS 2587 Reilly Avenue
2.4 CITY-ST-ZIP Palm City, FL 34990

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Ronald Bender
3.3 STREET ADDRESS 2510 Harbour Cove Drive
3.4 CITY-ST-ZIP Fort Pierce, FL 34949

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Steven Watts, Sr.
4.3 STREET ADDRESS 4235 Ocean Harbour South Villas, Apt 10
4.4 CITY-ST-ZIP Fort Pierce, FL 34949

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 407-461-4846

CR2E034 (12/95)