

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**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90015 006 \*\*\*550.00

DOCUMENT # V18675

1. Corporation Name  
ISLAND CAPITAL CORPORATION

Principal Place of Business  
1890 SOUTH 14TH STREET  
BLDG 300  
FERNANDINA BEACH FL 32034  
US

Mailing Address  
1890 SOUTH 14TH STREET  
BLDG 300  
FERNANDINA BEACH FL 32034  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Rt. 60 East  
Suite, Apt. #, etc.

22 City & State  
23 Hico, WV

24 Zip 25854 25 Country USA

2a. Mailing Address

26 P. O. Box 70  
Suite, Apt. #, etc.

27 City & State  
28 Hico, WV

29 Zip 25854 30 Country USA

3. Date Incorporated or Qualified

03/02/1992

4. FEI Number

59-3117575

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

FENNESSEY, JOHN J.  
1890 SOUTH 14TH STREET  
BLDG 300  
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name

Fennessey, John J.

82 Street Address (P.O. Box Number is Not Acceptable)

2 Hardwood Hammock Lane

83

84 City

Key Largo

FL

85 Zip Code  
33037

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

☐ DELETE

TITLE C  
NAME FENNESSEY, JOHN J  
STREET ADDRESS 4 WILD GRAPE  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE P  
NAME JUNG, JAMES D  
STREET ADDRESS 744 BURG ST  
CITY-ST-ZIP GRANVILLE OH 43023

TITLE S  
NAME HAWKINS, CHERYL A.  
STREET ADDRESS 4832 HINSON PLACE  
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2 Hardwood Hammock Lane  
1.4 CITY-ST-ZIP Key Largo, FL 33037

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 V  
4.2 NAME Roger D. Green  
4.3 STREET ADDRESS Rt. 60 East  
4.4 CITY-ST-ZIP Hico, WV 25854 ☐ 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

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:

*Roger D. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-13-99

Date

(304) 658-5201

Daytime Phone #

CR2E034 (1/98)