

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 10:42

DOCUMENT # V53060

(2)

1. Corporation Name

ISLAND COAST DISTRIBUTORS INC.

Principal Place of Business

**11580 CHITWOOD DRIVE
#105
FT MYERS FL 33908**

Mailing Address

**11580 CHITWOOD DRIVE
#105
FT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1992

3a. Date of Last Report

06/14/1994

4. FEI Number

65-0347969

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

**DAVIDSON, SCOTT B
11580 CHITWOOD DRIVE
#105
FT MYERS FL 33908**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIDSON, SCOTT B
STREET ADDRESS	4103 SANIBEL CAPTIVA RD
CITY- ST- ZIP	SANIBEL FL
TITLE	STD
NAME	DAVIDSON, TYM C
STREET ADDRESS	1450 BARCELONA AVE
CITY- ST- ZIP	FT MYERS FL
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

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	DAVIDSON, SCOTT B	
1.3 STREET ADDRESS	11580 CHITWOOD DRIVE #105	
1.4 CITY- ST- ZIP	FT. MYERS FL 33908	
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME	DAVIDSON TYM C	
2.3 STREET ADDRESS	11580 CHITWOOD DRIVE #105	
2.4 CITY- ST- ZIP	FT. MYERS FL 33908	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Scott B. Davidson SCOTT B. DAVIDSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/95 813-454-6800

DATE

TELEPHONE NUMBER