

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
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90003 010 ***150.00

DOCUMENT # V53060

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

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6741 W. SUNRISE BL.

2a. Mailing Address

26 6741 W. SUNRISE BL.

Suite, Apt. #, etc.

22 #5

Suite, Apt. #, etc.

27 #5

City & State

23 PLANTATION FL

City & State

28 PLANTATION FL

Zip Country

24 33313 25

Zip Country

29 33313 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

DAVIDSON, SCOTT B.

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

6741 W. SUNRISE BL.

83

#5

84 City

PLANTATION

FL

85 Zip Code

33313

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

Scott B. Davidson SCOTT B. DAVIDSON PRESIDENT

3/11/99

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

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

TITLE ☐ DELETE

**STD
DAVIDSON, TYM C
11580 CHITWOOD DRIVE #105
FT. MYERS FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**PD
DAVIDSON, SCOTT B
6741 W. SUNRISE BL #5
PLANTATION FL 33313**

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 like empowered.

SIGNATURE:

Scott B. Davidson PRESIDENT

3/11/99

Date

954-584-9225

Daytime Phone #

CR2E034 (1/98)