

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K58072** (5)

1. Corporation Name

PLANTATION PARK I, INC.

95 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1904 LONDON AVE
JACKSONVILLE FL 32207**

Mailing Address

**1904 LONDON AVE
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date incorporated or Qualified 01/13/1989 | 3a. Date of Last Report 05/31/1994 |
| 4. FEI Number 59-2948376 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Functions Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 6. The corporation has not adopted an anti-corruption law under 5-112.1(1)(b), Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|----------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. State of Florida | 26. State of Florida |
| 22. City, County | 27. City, County |
| 23. Zip Code | 28. Zip Code |
| 24. State of Florida | 29. State of Florida |
| 25. City, County | 30. City, County |

9. Name and Address of Current Registered Agent

**NEMEYER, LORI T
2234 RIVER RD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number, Not Applicable) | FL |
| 83. City, County | |
| 84. State | |

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this corporation hereby certifies that the statement for the purpose of changing its registered office or registered agent or both in the State of Florida, heretofore filed, is true and correct to the best of its knowledge and belief, except the appointment as registered agent. I am the agent and accept this designation. I understand that I will be liable for any and all obligations of this corporation.

SIGNATURE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS |
|---|---|
| NAME: DP NEMEYER, LORI T. STREET ADDRESS: 2234 RIVER RD JACKSONVILLE FL | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: D LEGGIO, ANTHONY J. STREET ADDRESS: 303 CENTRE ST. #102 FERNANDINA BEACH FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: D BIONDI, DOM STREET ADDRESS: 1 SANDHILL CRANE AMELIA ISLAND FL | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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Delete

14. I, the undersigned, being the duly authorized agent of the corporation, hereby certify that the foregoing is a true and correct copy of the annual report as filed with the Secretary of State of Florida, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: *Lori T. Neyer* President

4/28/95 904-398-0112