

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K58078** (2)

1. Corporation Name
PLANTATION PARK IV, INC.

Principal Place of Business: **1904 LANDON AVE JACKSONVILLE FL 32207**
Mailing Address: **1904 LANDON AVE JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Capitalized: 01/13/1989	3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2948391	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Received: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation is responsible for the payment of taxes under the Internal Revenue Code: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business: 21	2a. Mailing Address: 26
22. State: 27	27. State: 28
23. City: 29	28. City: 30
24. Zip: 25	29. Zip: 30

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:	
82. Street Address: (City, State, Zip, or P.O. Box, if applicable)	
83. City:	
84. State:	FL
85. Zip:	

11. I, the undersigned, hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I understand that the appointment of a registered agent is a permanent appointment, and that I shall be responsible for the maintenance of the office of the registered agent at the address stated herein, and that I shall be responsible for the payment of the fee for the appointment of a registered agent.

SIGNATURE

12. NAME	13. ADDITIONAL CHANGES TO REGISTERED AGENTS
DP NEMEYER, LORI T. 2234 RIVER RD JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
D LEGGIO, ANTHONY J. 303 CENTRE ST. #102 FERNANDINA BEACH FL	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Add
D BIONDI, DOM 1 SANDHILL CRANE AMELIA ISLAND FL	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
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14. I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein. I understand that the appointment of a registered agent is a permanent appointment, and that I shall be responsible for the maintenance of the office of the registered agent at the address stated herein, and that I shall be responsible for the payment of the fee for the appointment of a registered agent.

SIGNATURE: *Lori T. Neyer* President 4/28/95

904-398-0112