

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90041 015 ***158.75

DOCUMENT # P95000050786

1. Entity Name
KISSAWAY PLANTATION, INC.

Principal Place of Business

**RT 2 BOX 217-G
 MONTICELLO FL 32344
 US**

Mailing Address

**RT 2 BOX 217-G
 MONTICELLO FL 32344
 US**

00046357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

580 ELKINS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MONTICELLO FL

4. FEI Number

59-3321803

Applied For

Not Applicable

Zip

Country

Zip

Country

32344

JEFFERSON

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCORKLE, ALLAN J
 RT 2 BOX 217-G
 MONTICELLO FL 32223**

Name

McCorkle, Allan J

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

580 ELKINS RD.

City

MONTICELLO

FL

Zip Code

32344

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P/D**
 STREET ADDRESS **MCCORKLE, ALLAN J**
 CITY-ST-ZIP **HIGHWAY 19 NORTH**
MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **STD**
 STREET ADDRESS **MCCORKLE, HOLLY**
 CITY-ST-ZIP **HIGHWAY 19 NORTH**
MONTICELLO FL 32344

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ALLAN J. MCCORKLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-02

Date

904 8801601

Daytime Phone #

CR2E034 (9/01)