## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Mar 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)451218 PLANTATION RESORT, INC. Principal Place of Business Mailing Address 9301 W. FT. ISLAND TRAIL P.O. BOX 1116 **CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34423** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 58-1536032 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GREEN, W.T. 9030 W. FORT ISLAND TRAIL, #5 Street Address (P.O. Box Number is Not Acceptable) CRYSTAL RIVER FL 32629 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change PD ☐ DELETE 1.1 TITLE TITLE CARUTH, MABEL P. 1.2 NAME NAME **5803 GREENVILLE AVE.** STREET ADDRESS 1.3 STREET ADDRESS DALLAS TX 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE MOSER, PAUL 2.2 NAME NAME **5803 GREENVILLE AVE** STREET ADDRESS 2.3 STREET ADDRESS DALLAS TX 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE STOESSNER, K.F., JR. NAME 3.2 NAME **5803 GREENVILLE AVE.** STREET ADDRESS 3.3 STREET ADDRESS **DALLAS TX** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE ■ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE

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 corporation or the corporation or the corporation of the

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vinc To

NAME

STREET ADDRESS

CITY-ST-ZIP

252 - 795 - 7843