

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -7 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

KISSAWAY PLANTATION, LTD.

1a DOCUMENT #
A95000000976

11/17/96
CM

Major Address
~~C/O MICHAEL L. PLANASAN, ESQ.~~
~~225 WATER STREET, STE 1235~~
~~JACKSONVILLE FL 32202~~

Principal Office Address
~~HIGHWAY 19 NORTH~~
~~MONTICELLO FL 32245~~

3. Date Formed or Registered
06/29/1995

5a. Capital Contributions as
Shown on record
\$5,000,000.00

3a 05/02/1996 or:

4. State or Country of Formation
FL

5b. Amount of Capital
Contributions in FLORIDA
to date

\$522,680.22

2. Mailing Address
11657 VILLAGE LANE

2a. Principal Office Address
11657 VILLAGE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32223 DUVAL

Zip Country
32223 DUVAL

6. 59-0321805

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MCCORKLE, ALLAN J
11657 VILLAGE LANE
JACKSONVILLE FL 32223

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

KISSAWAY PLANTATION, INC.

11657 VILLAGE LANE

JACKSONVILLE FL 32223

P95000050786

MALLARD TRACE, INC.

HIGHWAY 19 NORTH
11657 VILLAGE LANE

MONTICELLO FL 32245
JACKSONVILLE, FL
32223

-P95000050795

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****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: Allan J. McCorkle, President of Kissaway Plantation, Inc.

DATE: 10/31/96

Typed or Printed Name of General Partner Signing Form: Allan J. McCorkle, General Partner Daytime Telephone Number: (904) 396-2020

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CR2E003 (6/96)