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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K58077** (4)

1. Corporation Name
PLANTATION PARK III, INC.

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

ENTER WITH IN THIS SPACE

3. Date of Incorporation or Co-Incorporation 01/13/1989	3a. Date of Last Report 06/01/1994
4. FEI Number 59-2948388	Applied For Not Applicable
5. Certificate of State Debts <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 190.05, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State App. #, etc.	26. State App. #, etc.
22. City, State	27. City, State
23. County	28. County
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**NEMEYER, LORI T
2234 RIVER ROAD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (If No Number is Not Applicable)
83. City, State
84. Zip Code

11. Pursuant to the provisions of Sections 190.01 and 190.02, Florida Statutes, the undersigned corporation certifies this statement for the purpose of designating registered office of the corporation in the State of Florida. If a change was indicated by this corporation to the board of directors, thereby accept the appointment of registered agent. I am familiar with and accept the designation of the agent as provided by Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS, AND 1995 TERM	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995																																																																					
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14. I, the undersigned, certify that the information supplied on this filing is true and correct, and that I am a duly qualified officer or director of the corporation, and that I am authorized to execute this statement on behalf of the corporation. I am familiar with and accept the designation of the agent as provided by Florida Statutes.

SIGNATURE: *Sandra B. Morisani* President 4/28-95 904-398-0112
SIGNATURE AND TYPED OR PRINTED NAME OF MEMORIAL OFFICER OR DIRECTOR