

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90193 016 ***150.00

DOCUMENT # K81432

1. Corporation Name

PARK PLANTATION INN, INC.

Principal Place of Business

5055 W. 192
KISSIMMEE FL 34746
US

Mailing Address

1988 SIR LANCELOT CIRCLE
ST. CLOUD FL 34772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1989

4. FEI Number

59-2941524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KUCIK, PAUL
1988 SIR LANCELOT CIRCLE
ST CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name

John Kucik

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

2147 Whitfield Lane

83

84 City

Orlando

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida 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)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME KUCIK, PAUL
STREET ADDRESS 1988 SIR LANCELOT CIRCLE
CITY-ST-ZIP ST CLOUD FL 34772

TITLE DS ☐ DELETE

NAME KUCIK, CELIA
STREET ADDRESS 1988 SIR LANCELOT CIRCLE
CITY-ST-ZIP ST CLOUD FL 34772

TITLE DVP ☐ DELETE

NAME KUCIK, JOHN
STREET ADDRESS 1988 SIR LANCELOT CIRCLE
CITY-ST-ZIP ST CLOUD FL

TITLE DT ☐ DELETE

NAME KUCIK, JAMES
STREET ADDRESS 1988 SIR LANCELOT CIRCLE
CITY-ST-ZIP ST CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 407-396-2212

Date

Daytime Phone #

CR2E034 (11/98)

0510964