

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M79518 (0)**

1. Corporation Name  
**PLANTATION HOLDING COMPANY, INC.**



Principal Place of Business: **12800 UNIVERSITY DR STE 350 FT. MYERS FL 33907**  
Mailing Address: **12800 UNIVERSITY DR STE 350 FT. MYERS FL 33907**

3. Date Incorporated or Qualified: **05/05/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0047560**  
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 has liability for intangible tax under s 199.032 Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MARINER GROUP, INC.  
12800 UNIVERSITY DR.  
SUITE 350  
FT MYERS FL 33907**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 the individual)  
DATE: \_\_\_\_\_ (Date Registered Agent Signature Represented Incorporation Group)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, ROBERT M.</b>	1.2 NAME	
STREET ADDRESS	<b>12800 UNIVERSITY DR #350</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>HAWKINS, CAROL</b></del> <b>ELAINE</b>	2.2 NAME	
STREET ADDRESS	<del><b>12800 UNIVERSITY DR #350</b></del> <b>12800 UNIVERSITY DR #350</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del><b>FT. MYERS FL</b></del> <b>FT. MYERS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>James H. Dixon, Jr. V/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>KRICHBAUM, RICHARD</b></del> <b>KRICHBAUM, RICHARD</b>	3.2 NAME	<b>12800 University Drive - #260</b>
STREET ADDRESS	<del><b>12800 UNIVERSITY DR., STE. 350</b></del> <b>12800 UNIVERSITY DR., STE. 350</b>	3.3 STREET ADDRESS	<b>Fort Myers, FL</b>
CITY - ST - ZIP	<del><b>FORT MYERS FL</b></del> <b>FORT MYERS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Linda M. Suszek, S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>12800 University Drive - #260</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Fort Myers, FL 33907</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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)(k), 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.

SIGNATURE: *[Signature]* **JAMES H. DIXON, JR.** 4/20/96 991 981 2011  
DATE: \_\_\_\_\_ (Date)

CR2E034 (12/95)