

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29835 (8)

1. Corporation Name

PLANTATION ROADS INCORPORATED



Principal Place of Business

Mailing Address

% LLOYD C. JAMES
4491 BONDARENKO CT.
KEYSTONE HTS FL 32656
US

C/O LLOYD C. JAMES
4491 BONDARENKA CT.
KEYSTONE HEIGHTS FL 32656

3. Date Incorporated or Qualified
12/14/1988

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **4546 Bondarenko Ct.**

26 **4546 Bondarenko Ct.**

4. FEI Number
59-2948544

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **Keystone Heights, FL**

28 **Keystone Heights, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32656**

25 **Clay**

29 **32656**

30 **Clay**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES, LLOYD C
4491 BONDARENKA CT
KEYSTONE HEIGHTS FL 32656

81 Name
Virginia Miller

82 Street Address (P.O. Box Number is Not Acceptable)
4546 Bondarenko Ct.

83

84 **Keystone Heights,**

FL 85 Zip Code
32656

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Virginia Miller

Virginia Miller

2-2-96

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JAMES, LLOYD C
4491 BONDARENKA CT
KEYSTONE HGTS FL 32656 ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TD
Virginia Miller
4546 Bondarenko Cy
Keystone Heights, FL 32656 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BOSHELL, TENA
6025 VILLANUEVA DRIVE
KEYSTONE HEIGHTS FL ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
TD
Ana T. Arnaiz
5230 River Park Dr.
Jacksonville, FL 32277 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
MCLENDON, CLARA
4503 BONDARENKA CT.
KEYSTONE HEIGHTS FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96
Date

352 473-5510
Daytime Phone #

CR2E037 (12/95)