SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Sep 10 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # (1) N32167 HALE'S PLACE PLANTATION CLUB, INC. Principal Place of Business Mailing Address 15647 HALES'S PLACE 15647 HALES'S PLACE PLANTATION ROAD PLANTATION ROAD DO NOT WRITE IN THIS SPACE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1989 07/24/1996 4. FEI Number 2. Principal Place of Business Mailing Address Applied For 59-3016425 21 26 Not Applicable Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, W. CRIT 82 Street Address (P.O. Box Number Is Not Acceptable) 3250 THOMASVILLE ROAD 83 **FOURTH FLOOR** TALLAHASSEE FL 32308 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition 1 2 NAME NAME ROBERTS, CHARLES W 15647 HALES PLACE, PLANTATION ROAD STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ROBERTS, MYERS ANN 2.2 NAME 15647 HALES PLACE, PLANTATION ROAD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE ROBERTS, BETTY NAME 3.2 NAME STREET ADDRESS **HIGHWAY 65** 3.3 STREET ADDRESS CITY-ST-ZIP **HOSFORD FL 32334** 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition 6.2 NAME 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on an attachment with an address.

BEOLIBED books W. R. Kon L

FILED