Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90011 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000012722

| PLANTE | C, INC. | | | | | |
|--|--|---|--------------------------|-------------|------------|---|
| Principal Place | e of Business | Mailing Address | | | | |
| 345 GREENCASTLE DRIVE JACKSONVILLE FL 32225-6510 345 GREENCASTLE DRIVE JACKSONVILLE FL 32225-6510 | | | 0 | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualifed 03/01/1993 |
| Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-3172964 Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Count | try | | 8. This corporation owes the current year Intangible |
| 24 | 25 | 29 3 | 30 | | | Personal Property Tax. Yes No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered Agent |
| | CADDADA U | | 8 | 31 | Name | • |
| LUKE, BARBARA H | | | 8 | 32 | Street A | Address (P.O. Box Number is Not Acceptable) |
| 345 GREENCASTLE DRIVE JACKSONVILLE FL 32225-6510 | | | | _ | | |
| JACI | (30NVILLE PL 32223-6510 | | 8 | 33 | | |
| | | | 8 | 34 | City | FL 85 Zip Code |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agen | of Florida. Such change was aut tions of, Section 607.0505, Floric | thorized b da Statuti | by t es. | the corpor | d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered required when reinstating) OATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Р | ☐ DELETE | 1.1 TITLE | E | | ☐ Change ☐ Addition |
| NAME | LUKE, HENRY | | 1.2 NAM | Ε | ſ | |
| STREET ADDRESS | 345 GREEN CASTLE DRIVE | GREEN CASTLE DRIVE 135 | | EET / | ADDRESS | |
| CITY-SY-ZIP | JACKSONVILLE FL | 1.4.0 | | -ST- | - ZIP | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | E | - 1 | ☐ Change ☐ Addition |
| NAME | Lineberger, Linda | | 2.2 NAM | E | | |
| STREET ADDRESS | 345 GREEN CASTLE DRIVE | | 2.3 STRE | EET. | ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY | Y-ST | r-ZIP | |
| TITLE | C | ☐ DELETE | 3.1 TITLE | E | ĺ | Change ☐ Addition |
| NAME | LUKE, BARBARA H | | 3.2 NAM | E | | |
| STREET ADDRESS | 345 GREEN CASTLE DRIVE | | 33 STREE | | ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4. CITY-S | | r-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | E | ĺ | Change Addition |
| NAME | | | 4. 2 NAM | Æ | | |
| STREET ADDRESS | | | 4 3 STRE | EET, | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY | | ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAM | E | | |

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 arganized with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition