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

CORPORATION ANNUAL REPORT

1998

HAME

TITLE

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000025502 (4) DOCUMENT #

PLANTATION ESTATES OF TALLAHASSEE, INC.

Principal Place of Business Mailing Address 1000 VICKERS ROAD TALLAHAGGEE FL 02003 P.O. BOX 3907 TALLAHASSEE FL 32315 1493 Market Stredt DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/06/1993 2a. Mailing Address 4. FEI Number Applied For 59-3216656 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 YATES, SANDRA M -1888 VICKERS ROAD Street Address (P.O. Box Number is Not Acceptable) 1493 that a mark / Strut 63 84 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: typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change 1.1 TITLE P. D. Bur 3507, "NA"

Tall. 1:1. 32215 Change

P. D. Bur 3507, "NA"

Tell. Fi. 32315 YATES, SANDRA M 1.2 NAME CR2E034 1338 VICKERS RD. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE PLATT, SUSAN E NAME 22 NAME 1338 VICKERS ROAD STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3 1 T(T) F MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 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 regioner or trusted empoyer ed 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 in address. 4-28-98

Change

Addition

FILED

May 04 1998 8:00am

Secretary of State