FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Mar 21 1997 8:00am
Secretary of State

DOCUMENT # P95000036491 (5)

1. Corporation Name
TWIN FALLS PLANTATION, INC.

Principal Place of Business
101 E GARDEN ST
PENSACOLA FL 32501

Mailing Address
101 E GARDEN ST
PENSACOLA FL 32501-5623

3. Date Incorporated or Qualified: 05/05/1995
3a. Date of Last Report: 04/04/1996
4. FEI Number: 59-3319076 ☐ Applied For ☐ Not Applicable
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
21 965 INDIAN CREEK RNCH RD
Suite, Apt #, etc
22
City & State
23 DE FUNIAK SPRINGS FL
Zip 24 32433 Country 25

2a. Mailing Address
26 P O BOX 1257
Suite, Apt #, etc
27
City & State
28 DE FUNIAK SPRINGS FL
Zip 29 32433 Country 30

9. Name and Address of Current Registered Agent
BRYANT, EDWARD R JR.
3301 DAVIS BLVD
SUITE 205
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: CRAIG S ROBINSON CPA
82 Street Address (P.O. Box Number is Not Acceptable): 1184-D CIRCLE
83
84 City: DE FUNIAK SPRINGS FL 85 Zip Code: 32433

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 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.

CRAIG S. ROBINSON, CPA, PA
P.O. BOX 1257 • 1184-D CIRCLE DR.
DEFUNIAK SPRINGS, FL 32435

SIGNATURE: Craig S. Robinson DATE: 3-16-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BORCZ, EUGENE R	
STREET ADDRESS	101 E GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	☐ DELETE
NAME	BORCZ, GERRY A	
STREET ADDRESS	101 E GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 attachment with an address.

SIGNATURE: Eugene R Borcz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03/16/97

Daytime Phone #

0464389