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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036491 (5)

TWIN FALLS PLANTATION, INC.

FILED

Mar 20 1998 8:00am

Secretary of State

| Principal Place | e of Business | Mailing Addr | Mailing Address | | | | | |
|---|---|------------------------------|----------------------------|-------------|--------------------|---|----------------|----------------|
| | REEK RANCH RD. | | P.O. BOX 1257 | | | | | |
| DE FUNICAK SPRINGS FL 32433 US | | DE FUNIAK : US | DE FUNIAK SPRINGS FL 32433 | | | DO NOT WRITE IN THIS SPACE | | |
| 00 | | 03 | | | | 3. Date Incorporated or Qualified | THIS STACE | |
| | | | | | | 05/05/1995 | | |
| 2. Principal P | ace of Business | 2a. Mailing A | ddress | | | 4. FEI Number | | Applied For |
| 21 | | 26 | 26 | | | 59-3319076 | | Not Applicable |
| Suite, Apt. | #, e lc. | Suite, Apt | Suite, Apt. #, etc. | | | | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee | Required |
| City & State | 9 | City & Sta | City & State | | | 6. Election Campaign Financing | \$5.0 | O May Be |
| 23 | | | | | | ····· | | d to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid | | |
| 24 | 25 Name and Address of Curr | 29 | 30 | | | Personal Property Tax due June 30 | | ∐ No |
| DO | | eur ueñisteien Whei | | 81 | Name | 10. Name and Address of New Regis | rated Agent | |
| | BINSON, CRAIG S. C | | | L | | | | |
| | 4-D CIR. | | 82 Street Ad | | | dress (P.O. Box Number is Not Acceptable) | | |
| SUITE 205 DE FUNIAK SPRINGS FL 32433 | | | | 83 | | | | |
| DE | PUNIAN SPHINGS PL 32433 | | | " | | | | |
| | | | | 84 | City | | FL 85 Z | p Code |
| 11 Pursuant t | o the provisions of Sections 607.09 | 02 and 607 1508 EI | orida Statutae th | a about | a-named cor | rporation submits this statement for the purp | | ito ropietorod |
| Office or re | egi ster ed agent, or both, in the Sta | te of Florida. Such ch | iange was author | ized by | the corpora | ation's board of directors. I hereby accept the | ne appointment | as registered |
| - | m familiar with, and accept the obli | igations of, Section 6 | 07.0505, Florida : | Statute | S. | | | [|
| SIGNATURE | Signature, typed or printed name of registered in | pent and tille if applicable | (NOTE: Beats | lered And | ent sinnature requ | uirad when reinstating) | DATE | |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS | | 3. | m bigrata to toqo | ADDITIONS/CHANGES TO OFFICER | | ORS IN 12 |
| TITLE | D | | | .1 TITLE | | | ☐ Change | |
| NAME | BORCZ, EUGENE R | | 1 | .2 NAME | İ | | | : |
| STREET ADDRESS | 101 E GARDEN ST | | 1 | .3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | | 1 | 4 CITY-S | T-ZIP | | | |
| TITLE | D | | DELETE 2 | .1 TITLE | | | ☐ Change | Addition |
| NAME | BORCZ, GERRY A | | 2 | 2 NAME | | | | |
| STREET ADDRESS | 101 E GARDEN ST | | 2 | .3 STREET | ADDRESS : | | | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | | 2 | 4 CITY-9 | ST-ZIP | | | |
| TITLE | | | DELETE 3 | .1 TITLE | | | Change | ☐ Addition |
| NAME | | | 3 | .2 NAME | | | | ľ |
| STREET ADDRESS | | | 3 | .3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | <u>. </u> | | | 4. CITY - 5 | ST-ZIP | | | |
| TOLE | | | DELETE 4 | .1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4 | 2 NAME | | | | |
| STREET ADDRESS | | | 4 | 3 STREET | ADDRESS | | | |
| City-St-ZIP | | | | 4 CITY - S | T-ZIP | | | |
| TITLE | | | DELETE 5 | 1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 5 | 2 NAME | | | | 1 |
| STREET ADDRESS | | | . 5 | 3 STAEET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4 CITY-S | r-zip | | | |
| TITLE | | | DELETE 6. | 1 TITLE | | | ☐ Change | Addition |
| NAME | | | 6. | 2 NAME | | | | |
| STREET ADDRESS | | | 6. | 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 6 | a city. si | [_ 7]P | | | |

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.

03/11/00