

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000050786  
1. Corporation Name

KISSAWAY PLANTATION, INC.

Principal Place of Business

Mailing Address

Highway 19 North  
Monticello, FL 32344

2. Principal Place of Business

2a. Mailing Address

21 Highway 19 North

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Monticello, FL

28

Zip

Country

Zip

Country

24 32344

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
June 27, 1995

3a. Date of Last Report  
n/a

4. FEI Number

59-3321803

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

10. Name and Address of New Registered Agent

Allan J. McCorkle  
11657 Village Lane  
Jacksonville, FL 32223

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and to whom applicable

8401b Registered Agent's signature and when most recent

Date

12. OFFICERS AND DIRECTORS

|       |                       |                  |                      |                          |
|-------|-----------------------|------------------|----------------------|--------------------------|
| TITLE | NAME                  | STREET ADDRESS   | CITY-ST-ZIP          | DELETE                   |
|       | Allan J. McCorkle P/D | Highway 19 North | Monticello, FL 32344 | <input type="checkbox"/> |
| TITLE | NAME                  | STREET ADDRESS   | CITY-ST-ZIP          | DELETE                   |
|       | Holly McCorkle S/T/D  | Highway 19 North | Monticello, FL 32344 | <input type="checkbox"/> |
| TITLE | NAME                  | STREET ADDRESS   | CITY-ST-ZIP          | DELETE                   |
|       |                       |                  |                      | <input type="checkbox"/> |
| TITLE | NAME                  | STREET ADDRESS   | CITY-ST-ZIP          | DELETE                   |
|       |                       |                  |                      | <input type="checkbox"/> |
| TITLE | NAME                  | STREET ADDRESS   | CITY-ST-ZIP          | DELETE                   |
|       |                       |                  |                      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

400001870684  
-06/21/96--01022--017  
\*\*\*225.00

Change

Addition

6/20/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Placeholder

CR2E034 (12/95)