

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000050786 (9)

1. Corporation Name

KISSAWAY PLANTATION, INC.



Principal Place of Business

HIGHWAY 19 NORTH
MONTICELLO FL 32344
US

Mailing Address

HIGHWAY 19 NORTH
MONTICELLO FL 32344
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

No

2. Principal Place of Business

21 Route #2, Box 217 G
Suite, Apt. #, etc.

2a. Mailing Address

26 Rt. 2 Box 217 G
Suite, Apt. #, etc.

City & State

23 Monticello, FL

City & State

28 Monticello, FL

Zip

24 32344

Country

25 US

Zip

29 32344

Country

30 US

9. Name and Address of Current Registered Agent

MCCORKLE, ALLAN J
HIGHWAY 19 NORTH
MONTICELLO FL 32223

10. Name and Address of New Registered Agent

81 Name

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

Rt. 2, Box 217 G

83

84 City

Monticello

FL

85 Zip Code

32344

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	DELETE
NAME	MCCORKLE, ALLAN J	
STREET ADDRESS	HIGHWAY 19 NORTH	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	STD	DELETE
NAME	MCCORKLE, HOLLY	
STREET ADDRESS	HIGHWAY 19 NORTH	
CITY-ST-ZIP	MONTICELLO FL 32344	
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		

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:

ALLAN J. MCCORKLE

7/10/98 3:04 PM

CR2E034 (5/98)