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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096593

PLANTATION EQUIPMENT, INC.

Principal	Place	of	Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

15647 HALE'S PLACE PLANTATION ROAD TALLAHASSEE FL 32312

15647 HALE'S PLACE PLANTATION ROAD

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90048 007 ***150.00



TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/21/1995 4. FEI Number Applied For 2a. Mailing Address 59-3364115 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be . 🗆 Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible X No ☐ Yes 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)

ROBERTS, CHARLES W III 15647 HALE'S PLACE PLANTATION ROAD TALLAHASSEE FL 32312

Country

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.

84 City

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	squired whe	n reinstating)		DATE		
12.	OFFICERS AND DIRECTORS		13.	· ·	ADDITIONS/C	HANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	ROBERTS, CHARLES W III		1.2 NAME		•	•			•
STREET ADDRESS	15647 HALE'S PLACE PLANTATION ROAD		1.3 STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP					•	
TITLE		DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
			2.4 CITY-ST-ZIP	:					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	2	·			Change	Addition
	<u>'</u>		3.2 NAME					_ , ,	_
NAME									
STREET ADDRESS			3.3 STREET ADDRESS			,			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP				*****	Change	☐ Addition
TITLE		□ pere⊥e	4.1 TITLE					L_I ondinge	
NAME			4. 2 NAMÉ						
STREET ADDRESS			4.3 STREET ADDRESS					•	
CITY- \$T- ZIP			4.4 CITY-ST-ZIP					Па	■ A 4400
TITLE	l l	☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS	·		5.3 STREET ADDRESS		-		-		
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
OUTS OT THE			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 chment with an address, with all other like empowered.

SIGNATURE:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

850-379-8116

Daytime Phone #

Zip Code