

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90062 008 \*\*\*150.00

DOCUMENT # P96000056684

1. Corporation Name

SM-PLANTATION, INC.



Principal Place of Business

351 6TH AVENUE WEST  
BRADENTON FL 34205

Mailing Address

351 6TH AVENUE WEST  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1996

4. FEI Number

65-0720590

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 9021 Town Center Pkwy

26 9021 Town Center Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Bradenton, FL

28 Bradenton, FL

24 34202 25 Manatee

29 34202 30 Manatee

9. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L  
351 6TH AVENUE WEST  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Kimberly L. GRAUS  
82 Street Address (P.O. Box Number is Not Acceptable)  
9021 Town Center Pkwy  
83  
84 City Bradenton FL 85 Zip Code 34202

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 *Kimberly L. Graus* *Kimberly L. GRAUS* 3-30-99  
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	D	<input type="checkbox"/> DELETE
NAME	NEWSOME, JOHN S	
STREET ADDRESS	351 6TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOYLE, MICHAEL J	
STREET ADDRESS	351 6TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Newsome, John S	
1.3 STREET ADDRESS	9021 Town Center Pkwy	
1.4 CITY-ST-ZIP	Bradenton, FL 34202	
2.1 TITLE	D, V, S, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Doyle, Michael J.	
2.3 STREET ADDRESS	9021 Town Center Pkwy	
2.4 CITY-ST-ZIP	Bradenton, FL 34202	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRAUS, Kimberly L.	
3.3 STREET ADDRESS	9021 TOWN CENTER PKWY	
3.4 CITY-ST-ZIP	BRADENTON, FL 34202	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Kimberly L. Graus* *Kimberly L. GRAUS* 3-30-99 (941) 747-8788  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)