CR2E034.(1.1/98)

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 # P98000046807

1. Corporation Name

EPI-PLANTATION PARK, INC.

Principal	Place	of	Business

Mailing Address

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



359 CAROLINA AVE. WINTER PARK FL 32789		359 CAROLINA AVE. WINTER PARK FL 32	359 CAROLINA AVE. WINTER PARK FL 32789			DO NOT WRITE IN THIS SPACE				
							e Incorporated or Qualifed 26/1998			
2. Principal Place	e of Business	2a. Mailing Address	,			4. FEI	Number	L	Applied For	
21		26							Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc	c.			5. Cert	ifcate of Status Desired	•	75 Additional ee Required	
City & State		City & State					tion Campaign Financing t Fund Contribution	•	.00 May Be Ided to Fees	
Zip	Country 25	Zip Cour 29 30		ntry		8. This corporation owes the current year Intangible Personal Property Tax.			-	
	9. Name and Address of Cu	rrent Registered Agent				10, Nan	ne and Address of New Regis	tered Agent		
BUALL	141450 11 15			81	Name					
PUGH, JAMES H JR. 359 CAROLINA AVE.		82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)						
WINTER	R PARK FL 32789			83						
				84	City			FL 85	Zip Code	
11. Pursuant to t	the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the at	ove-	-named corpo	ration sub	mits this statement for the purp of directors. I hereby accept the	ose of changing appointment	ng its registered 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 requi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition ☐ DELETE 1.1 TITLE MLE PUGH, JAMES H JR. 12 NAME NAME 1.3 STREET ADDRESS 359 CAROLINA AVE. STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 ΠTLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP -CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change [Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-2IP 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:

SIGNATURE REQUIRED