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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V63028

(7)

PLANTATION DEVELOPERS, INC.

FILED
May 14 1998 8:00am
Secretary of State



Principal Plac	Mailing Address	Address		- I TORAN BUIGNO BUIDD SKINI BODIND INDBE ODDI BUDIK DIRKK BUBIK BUDIK BUDIK 1881		
9551 BAYME		9551 BAYMEADOWS RD				
SUITE 4		SUITE 4				
JACKSONVILLE FL 32256		JACKSONVILLE FL 32256			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/04/1992	
—	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		<u>59-3159230</u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	····		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Registere	d Agent
	TOKES, E. CHESTER, JR.		8	1 Name		
	551 BAYMEADOWS RD			2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	UITE 4					
JA	ACK8ONVILLE FL 32256		8	3		
			8	4 City		85 Zip Code
					F	LII
office or agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such chan ge was a ions of, Section 607.0505, Flo	uthorized (rida Statut	by the corpora es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
	Signature, typed or profed name of registered agent	· · - · · · · · · · · · · · · · · · · ·	Registered A	gent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	STOKES, E. CHESTER, JR.		1.2 NAM			
STREET ADDRESS	9551 BAYMEADOWS RD #4		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	<u> </u>	1.4 CITY	ST-ZIP		
TITLE	<u> </u>	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	BERGMANN, THOMAS C		2.2 NAM			
STREET ADDRESS	9551 BAYMEADOWS RD #4		2.3 STAE	et address		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	-ST-ZIP		
TITLE	VTAS	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	FREDENHAGEN, SHARON W		3.2 NAM6			
SYREET ADDRESS	9551 BAYMEADOWS RD #4		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY			
TITLE	V	☐ DELETE	4.1 TITLE			Change Addition
NAME	WALLACE, L DENISE		4. 2 NAM			
STREET ADDRESS	9551 BAYMEADOWS RD #4			T ADDRESS		
City-St-ZiP	JACKSONVILLE FL		4.4 CITY-	l l		
TITLE	8	DELETE	5.1 TITLE	SI-LIF		Change Addition
NAME .	HICE, SHERRY		5.2 NAME			F Sugargo F Supplier
STREET ADDRESS	9551 BAYMEADOWS RD #4					
	JACKSONVILLE FL			T ADDRESS		
CITY-ST-ZIP TITLE	GAONOONIELL IL	☐ DELETE	5.4 CITY-	S1-ZIP		Change Addition
			6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-7IP			6.4 City.	€T_7ID		

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 eath; 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.

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