

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

**FILED**

**Mar 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # K99173 (2)**  
1. Corporation Name  
**MG LAND CORPORATION TWO**



Principal Place of Business      Mailing Address  
**499 STATE RD 434  
SUITE 2179  
ALTAMONTE SPRINGS FL 32714**      **499 STATE RD 434  
SUITE 2179  
ALTAMONTE SPRINGS FL 32714-2185**

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/28/1989</b>   | 3a. Date of Last Report<br><b>03/08/1996</b>           |
| 4. FEI Number<br><b>59-2865874</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29 30                  |

**9. Name and Address of Current Registered Agent**  
**HOLLINGSWORTH, GEORGE R, II  
499 STATE ROAD 434  
SUITE 2179  
ALTAMONTE SPRINGS FL 32714**

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |  |
|----------------|--|
| TITLE          | <b>DP</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>MOORE, B. J.</b>                        |
| STREET ADDRESS | <b>499 STATE RD 434, #2179</b>             |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b>                |
| TITLE          | <b>DV</b> <input type="checkbox"/> DELETE  |
| NAME           | <b>GARNER, JOHN MICHAEL</b>                |
| STREET ADDRESS | <b>499 STATE RD 434, #2179</b>             |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b>                |
| TITLE          | <b>DST</b> <input type="checkbox"/> DELETE |
| NAME           | <b>HOLLINGSWORTH, GEORGE R II</b>          |
| STREET ADDRESS | <b>499 STATE RD 434, #2179</b>             |
| CITY-ST-ZIP    | <b>ALTAMONTE SPRINGS FL</b>                |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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 do 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, its 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 or is included on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **George R Hollingsworth II** 1/29/97 4078029200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)