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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # **K99175** **(7)**

1. Corporation Name
MG LAND CORPORATION THREE

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1989

2. Principal Place of Business	2a. Mailing Address
21 499 N. ST. RD. 434	26 499 N. ST. RD. 434
Suite, Apt. #, etc. 22 SUITE 2179	Suite, Apt. #, etc. 27 SUITE 2179
City & State 23 ALTAMONTE SPRINGS, FL	City & State 28 ALTAMONTE SPRINGS, FL
Zip 24 32714 Country 25 US	Zip 29 32714 Country 30 US

4. FEI Number: 59-2965570 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLLINGSWORTH, GEORGE R, II 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	81 Name: HOLLINGSWORTH, GEORGE R. II 82 Street Address (P.O. Box Number is Not Acceptable): 499 N. ST. RD. 434, 83 SUITE 2179 84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, B. J.		1.2 NAME		
STREET ADDRESS	499 STATE RD 434, #2179		1.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GARNER, JOHN MICHAEL		2.2 NAME		
STREET ADDRESS	499 STATE 4D 434, #2179		2.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOLLINGSWORTH, GEORGE R II		3.2 NAME		
STREET ADDRESS	499 STATE RD 434, #2179		3.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ 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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: REQUIRED GEORGE R. HOLLINGSWORTH, II 1/28/98 (407) 862-9560