Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90078 001 ***150.00

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 # 204245

MAGNOLIA HOLDING COMPANY

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Principal Plac	e of Business	Mailing Address		- I TRETTÉ VIRIT ERIT ELEN BIRN RIBEN BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIR
150 MAGNOLIA AVENUE 150 MAGNOLIA AVENUE			•	
P.O. BOX 2491			DO NOT WRITE IN THIS SPACE	
DAYTONA FL 32114-9491 DAYTONA FL 32114-9491				3. Date Incorporated or Qualified
Ì				07/13/1957
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2883868 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_ _ _	5. Certificate of Status Desired 38.75 Additional
22		27		Fee Required
City & Star	e	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution Added to Fees
24	25	29 3	¬ '	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered Agent
			81 Name	
PALMETTO CHARTER SERVICES, INC.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
150 MAGNOLIA AVENUE			Sirect Abdi	(1.5. Box Notifice to Not Neceptable)
DAY	TONA BEACH FL 32114		83	
ļ			84 City	85 Zip Code
<u></u>				FL
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				
	m familiar with, and accept the obligat			,,
SIGNATURE				
12,	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD-	☐ DELETE		15/T/D Change Addition
NAME	BOND, JAY D JR		12 NAME	7371.2
STREET ADDRESS	150 MAGNOLIA AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000		1.4 CITY+ST-ZIP	
TITLE	AST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KANEY, JONATHAN D JR		2.2 NAME	İ
STREET ADDRESS	150 MAGNOLIA AVENUE		2.3 STREET ADDRESS	ł
CITY: ST-ZIP	DAYTONA BCH, FL 00000		2. 4 CITY-ST-ZIP	
TITLE		DELETE	.3.1 TMLE	ChangeAddition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			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	
m _L E		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	}
C/TY-ST-Z/P			5.4 CITY-ST-ZiP	Colores Programme
TITLE	! 	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	ļ
			6.3 STREET ADDRESS	1

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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

600000 R OR DIRECTOR

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