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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

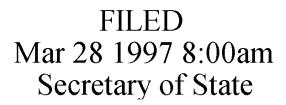
DOCUMENT # G89485 1. Corporation Name

(8)

MAGNOLIA NORTH, INC.

Principal Place of Business

Mailing Address





C/O THOMAS W. LIGHTBODY 1706 N MAGNOLIA #203 OCALA FL 32670		C/O THOMAS W. LIGHTB 1706 N MAGNOLIA #203 OGALA FL 34475-9117			3. Date Incorporated or Qualified	Sa, Date of La		
			<u>.</u>		03/08/1984	04/16/199		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21		26		····	52-2001910		Not Applicable	
Suite, Apt. #, etc		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	6	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Election Campaign Financing Trust Fund Contribution		00 May Be	
Zφ	Country	Zφ	Coun	try	8. This corporation has liability for		er s. 199.032,	
24	4 25 29 3							
	9. Name and Address of C	Current Registered Agent			10. Name and Address of New Re	gistered Agent		
HAN	apy, darryl			11 Name				
1706 N MAGNOLIA #203				Street Ad	Address (P.O. Box Number is Not Acceptable)			
9203 OCALA FL 34475			- 1	13				
			1	14 City		FL 85	Zip Code	
11. Pursuant office or a agent. La					orporation submits this statement for the prairies board of directors. I hereby accept		ng its registered it as registered	
	Signature, typed or protect name of register			Agent signature rec	quired when reinstating)	DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		***************************************	
TIFLE	DP	☐ DELETE	1.1 filt.	1		☐ Cha	nge 🔲 Addition	
NAME	LIGHTBODY, THOMAS W	•	1.2 NAN	IE				
\$TREET ADORESS	1630 N. MAGNOLIA		1.3 STR	EET ADDRESS				
CITY - ST - ZIP	OCALA FL		1.4 C(T)	-ST-ZIP				
TITLE	D	☐ DELETE	2 1 1111	E [☐ Cha	nge 🔲 Addition	
NAME	HAMPY, DARRYL		22 NAA	IE				
STREET ADDRESS	1706 N. MAGNOLIA #20:	3	2 3 5 TR	EET ADDRESS				
CHTY - ST - ZIP	OCALA FL		2. 4 CIT	Y-ST-ZIP				
TITLE		DELETE	3.1 TITL	E		Cha	nge 🔲 Addition	
NAME			3.2 NAN	IE (
STREET ADDRESS			3.3 STR	EET ADORESS				
CITY - ST - ZIF			3.4 CIT	Y-ST-ZIP				
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				-ST-ZIP				
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NAMI			5.2 NAM					
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STREET ADORESS				EET ADDRESS				
CITY-S1-ZIP		T DELETE		-ST-ZIP		Cha	nge Addition	
TITLE		☐ DELETE	6.1 TITL	i i		CIII	iige LII Audition	
NAME:			6 2 NAN					
STREET ADDRESS			1	EET ADDRESS				
City-St-7#	<u> </u>		6.4 DtT	- ST - ZIP				

14. Lo 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 inclicated 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 Brock 13 if changed for on \$\infty\$ attachment with an address.

Lamy Hampy SIGNATURE AND OF PRINTED NAME OF SIGNING OF