


2-5-97 B-1337 C  
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Feb 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H46482 (6)</b>			
1. Corporation Name <b>M G &amp; O COMPANY</b>			
Principal Place of Business <b>% MARGARET MACDONALD 126 INLETS BLVD. NOKOMIS FL 34275</b>		Mailing Address <b>% MARGARET MACDONALD 126 INLETS BLVD. NOKOMIS FL 34275-4106</b>	
2. Principal Place of Business 21 <b>1532 US HWY 41 BYP S</b> Suite, Apt. #, etc. 22 <b>#193</b> City & State 23 <b>VENICE FL</b> Zip 24 <b>34293</b>		2a. Mailing Address 26 <b>1532 US HWY 41 BYP S</b> Suite, Apt. #, etc. 27 <b>#193</b> City & State 28 <b>VENICE FL</b> Zip 29 <b>34293</b>	
9. Name and Address of Current Registered Agent <b>MACDONALD, MARGARET 126 INLETS BLVD. NOKOMIS FL 34275</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>1532 US HWY 41 BYP S #193</b> 83 84 City <b>VENICE</b> FL 85 Zip Code <b>34293</b>	
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 <i>Margaret J. Macdonald</i> DATE <b>1-30-97</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MACDONALD, MARGARET 126 INLETS BLVD. NOKOMIS FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1532 US HWY 41 BYP S #193 VENICE FL 34293</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RANKIN, CHARLES 5168 A HOLLYWOOD CT. ST. LOUIS MO</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Margaret J. Macdonald</i> DATE <b>1-29-97</b> DAYTIME PHONE <b>941-484-2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E034 (9/96)