

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K02833**

(7)

1. Corporation Name

MAGNOLIA BEACH RV PARK, INC.



Principal Place of Business

7800 MAGNOLIA BEACH ROAD
PANAMA CITY FL 32408

Mailing Address

7800 MAGNOLIA BEACH ROAD
PANAMA CITY FL 32408

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/17/1987

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2856526

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**HOLLEY, ANNE
7800 MAGNOLIA BCH RD.
PANAMA CITY FL 32408**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 607.0605, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent and business address

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	D	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOLLEY, RUSSELL C.	1.2 NAME
CITY, ST, ZIP	7800 MAGNOLIA BCH RD.	1.3 STREET ADDRESS
TEL#	PANAMA CITY FL	1.4 CITY-ST-ZIP
NAME	ST	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	HOLLEY, ANNE S	2.2 NAME
CITY, ST, ZIP	7800 MAGNOLIA BEACH ROAD	2.3 STREET ADDRESS
TEL#	PANAMA CITY FL 32408	2.4 CITY-ST-ZIP
NAME	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME
CITY, ST, ZIP		3.3 STREET ADDRESS
TEL#		3.4 CITY-ST-ZIP
NAME	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME
CITY, ST, ZIP		4.3 STREET ADDRESS
TEL#		4.4 CITY-ST-ZIP
NAME	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME
CITY, ST, ZIP		5.3 STREET ADDRESS
TEL#		5.4 CITY-ST-ZIP
NAME	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME
CITY, ST, ZIP		6.3 STREET ADDRESS
TEL#		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

2-5-96

SIGNATURE: *Anne S. Holley* Anne S. Holley

(904)235-1581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E024 (12/95)