

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K99168** (2)

1. Corporation Name  
**MG LAND CORPORATION ONE**



Principal Place of Business Mailing Address  
**499 STATE RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified **06/28/1989** 3a. Date of Last Report **03/14/1995**  
4. FEI Number **59-2965877** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**HOLLINGSWORTH, GEORGE R, II  
499 STATE ROAD 434  
SUITE 2179  
ALTAMONTE SPRINGS FL 32714**

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 607.0632 and 607.1505, 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 \_\_\_\_\_ (Type or print name of signing officer or director) \_\_\_\_\_ (Type or print name of signing officer or director)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOORE, B. J.	
STREET ADDRESS	499 STATE RD 434, #2179	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARNER, JOHN MICHAEL	
STREET ADDRESS	499 STATE RD 434, #2179	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, GEORGE R II	
STREET ADDRESS	499 STATE RD 434, #2179	
CITY-STATE-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 199.07(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 officer or trustee or partner 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 attached form, and an address.

SIGNATURE: \_\_\_\_\_ (Type or print name of signing officer or director) **2/20/96** Date **407-862-9560** Telephone #

CR2E034 (12/95)