FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:15

DOCUMENT # K99175 (7)

1. Corporation Name
MG LAND CORPORATION THREE

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1989
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2965570 ☐ 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

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 607.0502 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 ______________________ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	MOORE, B. J.	1 2 NAME	
STREET ADDRESS	499 STATE RD 434, #2179	1 3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1 4 CITY-ST-ZIP	
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	GARNER, JOHN MICHAEL	2 2 NAME	
STREET ADDRESS	499 STATE 4D 434, #2179	2 3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2 4 CITY-ST-ZIP	
TITLE	DST	3 1 TITLE	DST ☒ Change ☐ Addition
NAME	HOLLINGSWORTH, GEORGE R	3 2 NAME	GEORGE R. HOLLINGSWORTH, II
STREET ADDRESS	499 STATE RD 434, #2179	3 3 STREET ADDRESS	499 STATE ROAD 434, STE 2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3 4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: GEORGE R. HOLLINGSWORTH, II SECRETARY 3/7/95 407-862-9560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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