FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M77946** **(5)**

1 **MAGNOLIA HILLS FARM, INC.**

C/O LEX C. THOMPSON
1304 COVINGTON DR.
TALLAHASSEE FL 32312

C/O LEX C. THOMPSON
1304 COVINGTON DR.
TALLAHASSEE FL 32312

3. 04/26/1988 3a. 11/17/1994

4. FEI Number: 59-2883685 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Director Campaign Finance Trust Fund Contribution — $5.00 May Be Added to Fees

8. The corporation has/has not a gross income of $ 100,000 Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, LEX C.
1304 COVINGTON DR.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 and/or 1308 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
	DP	☐ Change ☐ Addition
NAME	THOMPSON, LEX C.	
STREET ADDRESS	1304 COVINGTON DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
	DST	☐ Change ☐ Addition
NAME	GRAY, SIDNEY E	
STREET ADDRESS	RT. 1, BOX 1495	
CITY-ST-ZIP	HAVANA FL	
	DV	☐ Change ☐ Addition
NAME	JORDON, JOHN	
STREET ADDRESS	1945 SAN DOMIEN RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I declare, under penalty of perjury, that the information supplied with this filing is, to the best of my knowledge, true and accurate and that I am not qualified for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: L. C. Thompson LEX THOMPSON 5-3-95 385 8753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0027076 CR