

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90015 006 ***150.00

DOCUMENT # M77946

1. Entity Name

MAGNOLIA HILLS FARM, INC.

Principal Place of Business

Mailing Address

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

C/O LEX C. THOMPSON
 1304 COVINGTON DR.
 TALLAHASSEE FL 32312-2505

2. Principal Place of Business

3. Mailing Address

6863 Proctor Rd

6863 Proctor Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee Fla.

City & State

Tallahassee, Fla.

4. FEI Number

59-2883685

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

32308

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Thompson Lex C.*

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

6863 Proctor Rd

City *Tallahassee*

FL

Zip Code *32308*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Lex C. Thompson
 Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	THOMPSON, LEX C.	1304 COVINGTON DR.	TALLAHASSEE FL 32312	<input type="checkbox"/>
DST	GRAY, SIDNEY E	RT. 1, BOX 1495	HAVANA FL	<input type="checkbox"/>
DV	THOMPSON, JAMES L	1304 COVINGTON DR	TALLAHASSEE FL 32312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>6863 Proctor Rd</i>	<i>Tallahassee, FL 32308</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		<i>6863 Proctor Rd</i>	<i>Tallahassee, FL 32308</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lex C. Thompson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000

Date

850-545-6006

Daytime Phone #

0014 (3/99)