

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91792 006 \*\*\*150.00

<b>DOCUMENT # P02000020925</b> 1. Entity Name <b>Magnolia &amp; Ivy, Inc.</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
2. Principal Place of Business <b>147 Market Street Inn</b> Suite, Apt. #, etc.			3. Mailing Address <b>147 Market Street Inn</b> Suite, Apt. #, etc.			
City & State <b>Destin, FL</b>			City & State <b>Destin, FL</b>			
Zip <b>32550</b>		Country <b>Walton</b>		4. FEI Number <b>74-3041362</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable		
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent Name <b>Runnels, Davage J III</b> Street Address (P.O. Box Number is Not Acceptable) <b>36468 Emerald Coast Parkway Suite 2101</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b>		
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE	<b>President/Secretary</b>			TITLE		
NAME	<b>Teresa T. Eager</b>			NAME		
STREET ADDRESS	<b>4735 Papaya Park</b>			STREET ADDRESS		
CITY - ST - ZIP	<b>Destin, FL 32541</b>			CITY - ST - ZIP		
TITLE	<b>Secretary/Treasurer</b>			TITLE		
NAME	<b>Kay T. Snipes</b>			NAME		
STREET ADDRESS	<b>69 Lake Front Drive</b>			STREET ADDRESS	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY - ST - ZIP	<b>Destin, FL 32550</b>			CITY - ST - ZIP		
TITLE				TITLE		
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12. 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 10 or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE: Kay T. Snipes</b> <b>Kay T. Snipes</b> <b>850 267-2595</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

CR2E034B (12/02)