FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000089839

i. Corporatio	ri riaille				•
SWEET	MAGNOLIA INN, INC.	,			
Principal Plac	e of Business				
903 PORT LEO	N DR	PO BOX 335			
ST MARKS FL	32355	ST MARKS FL 32355			DO NOT IMPLIE IN TURO DDAG
- irrar					DO NOT WRITE IN THIS SPAC
					3. Date Incorporated or Qualifed 01/01/1996
116 34 3	lace of Business	2a. Mailing Address	,		4. FEI Number
21		26			59-3357386
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & Stat	City & State City & State				6. Election Campaign Financing 5
23		28			Trust Fund Contribution Ac
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Cui	rrent Registered Agent		<u> </u>	10. Name and Address of New Registered Agent
CAM	ipbell, Kenneth R		8	1 Name	
	BOX 266		8	2 Street	Address (P.O. Box Number is Not Acceptable)
1	PORT LEON DR		-	<u>.</u>	The state of the same of the s
,	MARKS FL 32355		8	3	
CTE A				4 City	85
<u> </u>				<u> </u>	FL
Pursuant office or r	to the provisions of Sections 607. egistered agent, or both, in the St	0502 and 607.1508, Florida Stati ate∡f Florida. Such change was	utes, the abo authorized b	ve-named v the cord	corporation submits this statement for the purpose of changing oration's board of directors. I hereby accept the appointment
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505, F	lorida Statute	is.	oration's board of directors. I hereby accept the appointment
SECNATURE	But C.	ap			1/20/
	Signature, typed or printed name of registered		E: Registered Ag	ent signature	required when reinstating), (1/4) ADDITIONS/CHANGES TO OFFICERS AND DIRE
· III E	OFFICERS AND DIRECTORS P		1.1 TITLE		
NAME	CAMPBELL, KENNETH R		1.2 NAME		State
STREET ADDRESS	DO DOM	ON DR		: Et address	
CITY-ST-ZIP	ST MARKS FL	OII OII	1.4 CITY-		
OIE[-0]-71	OT INVITIO I E		1.4 GHT-	Ģ1-ΔP	

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90010 010 ***150.00



Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

☐ Yes

Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent									
	IRRELL MENNEYLL R		81	Name	e .								
CAMPBELL, KENNETH R					t Address (P.O. Box Number is	Not Accepta	hla)						
PO BOX 266				Suce	Address (F.O. Box Number is	Not Accepta	DIC)						
803 PORT LEON DR					7.7.2	313 87	a 361 (*15)	17:18 17:31 18:35	are Paulsel				
ST MARKS FL 32355						* 1.6	日對時期	即可以以	100				
				City	• , ,	e kiriste wit	FL	85 Zip C	ode *****				
11 Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.	the ah	nove	-na m er	d cornoration submits this stater	nent for the		changing its r	enistered				
office or r	egistered agent, or both, in the State of Florida. Such change was auth	nonzed	by t	he con	poration's board of directors. I h	ereby accep	t the apppi	ntment as reg	istered				
Toffice 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).													
904536 24 .10	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	<u> </u>	Agent	signature	ADDITIONS/CHANG	CES TO OF	DATE	ID AIDECTOR	OC IN 40				
nd e	P DELETE	13.			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	SES TO OFF	-ICEKS AN	Change	Addition				
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NAME.	CAMPBELL, KENNETH R	1.2 NA	ME					•					
STREET ADDRESS	PO BOX 266, 803 PORT LEON DR	1.3 STA	REET	ADDRESS	S								
CITY-ST-ZIP	ST MARKS FL	1.4 CIT	Y-ST-	ZIP	<u> </u>								
mįE	VP □ DELETE	2.1 TITI	LE		1 .			Change	☐ Addition				
NAME	CAMPBELL, MARY ANN	2.2 NA	ME										
STREET ADORESS	PO BOX 266, 803 PORT LEON DR	2.3 STF	REET/	ADDRESS	s	,			•				
CITY-ST-ZIP	ST MARKS FL	2. 4 C/I	ry-st	- ZIP									
TITLE	DELETE	3.1 TITL				•		☐ Change	Addition				
NAME	int	3.2 NAM	ME										
STREET ADDRESS		į.		ADDRESS									
CITY-ST-ZIP		3.4. CIT						使問題的意	的测量。				
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THE	DELETE	5.1 TITL					•	. Change	☐ Addition				
UNITE:		5.2 NAM											
TREET ADDRESS		5.3 STR	REET	ADDRESS									
TY-ST-ZIP		5.4 CIT	Y-ST-	ZIP									
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TREET ADDRESS		6.3 STR	REETA	NODRESS									
DITY-ST-ZIP		6.4 C/T	Y-ST-	ZIP									
					1								

14. 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 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR