SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998, AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 AUG -7 AM ID: 3L DOCUMENT # P9600009795 (1) SECRETARY OF STATE
TALLAHASSEE FLORID MAGNOLIA MOWER, INC. Principal Place of Business Mailing Address 625 N DIXIE FREEWAY 625 N DIXIE FREEWAY NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/31/1996 4. FEI Number 2. Principal Place of Business 2a. Malling Address Applied For 21 26 65-0639666 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KENNEDY, JOHN R 625 N DIX FREEWAY Street Address (P.O. Box Number is Not Acceptable) 82 **NEW SMYRNA BEACH FL 32168** 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change Addition KENNEDY, JOHN R NAME 12 NAME **20**0002613**2**62--9 -08/11/98--01072--016 625 N DIXIE FREEWAY STREET ADDRESS 1.3 STREET ADDRESS **NEW SMYRNA BEACH FL 32168** CITY ST-ZIP 1.4 CITY-ST-ZIP ****150.00 [*****150.00] TITLE DELETE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE ___ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP 61 TITLE TITLE DELETE Change Addition 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of the respirer 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. Ollew L and Was DOUR 7~/ ax



Twin Oaks Mower, Inc.

920 Herbert Street Port Orange, FL 32119 Ph: (904) 761-5809

Fax: (904) 788-3262

August 4, 1998

Division of Corporations ATTN: MR. TYRONE SCOTT Reinstatement Division Post Office Box 6327 Tallahassee, FL 32314

Re: Magnolia Mower, Inc.

Dear Mr. Scott:

I have addressed this letter to your attention and included the Annual Report for Magnolia Mower, Inc. with check #10885 in the amount of \$150.00. As I explained on the phone, Magnolia Mower, Inc. has recently experienced a change in office staff. We never received the first notice to file our Annual Report before May 1 or pay the \$400.00 late filing fee. I have been advised to explain the circumstances and submit a written request to waive the late filing fee. Please consider this to be my written request.

I apologize for any inconvenience this oversight may have caused you. Please let me know at your earliest convenience if you will require any additional information. Thank you in advance for your kind consideration.

Sincerely,

John R. Kennedy

President, Magnolia Mover, Inc.

JRK/sk

Enclosure(s)