

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
ANNUAL REPORT DUE ON OR BEFORE 08/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED AND FILED
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99 SEP 16 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07-22-99 90011 033-15018
DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000039135 1. Corporation Name ABIGAIL AND MAGNOLIA COMPANY, INC.			

Principal Place of Business 270 N. COLLIER BLVD., UNIT 307 MARCO ISLAND FL 33907	Mailing Address 270 N. COLLIER BLVD., UNIT 307 MARCO ISLAND FL 33907
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/06/1996	4. FEI Number 65-0662612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DENNIS, PAULETTE 270 N. COLLIER BLVD., UNIT 307 MARCO ISLAND FL 33907
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, PAULETTE	1.2 NAME	
STREET ADDRESS	270 N. COLLIER BLVD., UNIT 307	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33907	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, LEONARD	2.2 NAME	
STREET ADDRESS	270 N. COLLIER BLVD., UNIT 307	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33907	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: PAULETTE DENNIS 7/14 4076242636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (5/99)

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karey hensley cpa pa

Park North Suite 1
5117 Castello Drive, Suite 1
Naples, Florida 34103
941.434.8683
FAX 434.7793
email: kfhcpa@aol.com

Tuesday, September 14, 1999

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314

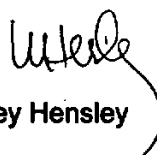
RE: Abigail and Magnolia Company, Inc.
ID#: P96000039135
Form: 1999 Annual Report

Dear Sirs:

Enclosed please find copy of your letter dated 7/23/99 requesting \$400 penalty. We had previously submitted report with a letter of explanation stating that their was a problem with having mail forwarded and the original was never received. We are requesting your consideration in waiving the penalty this one time.

Thanking you in advance for your consideration.

Sincerely,


Karey Hensley