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PROFIT •
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 05 1997 8:00am
Secretary of State

DOCUMENT # P96000040708 (5)

1. Corporation Name

THE MAGNOLIA BOOKSTORE, INC.



Principal Place of Business

Mailing Address

2677 S. Woodland Blvd
Deland, FLA. 32720

2677 S. Woodland Blvd.
Deland, FL. 32720

2. Principal Place of Business

2a. Mailing Address

21 2677 S. Woodland Blvd

26 2677 S. Woodland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Deland FL.

28 Deland

Zip

Country

Zip

Country

24 32720

29 32163

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORGUM, KURT R P.A.
300 EAST GRAVES AVENUE, SUITE B
ORANGE CITY FL 32763

81 Name

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

83

84 City

884 W. Charing Cross Circle

Lake Mary

FL

85 Zip Code

32746

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
BAGGETT, ELIZABETH
STREET ADDRESS 870 WEST WISCONSIN
CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ☐ DELETE

NAME D
BAGGETT, WILMANS B
STREET ADDRESS 188 PALM SPARROW COURT
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE ☐ DELETE

NAME D
BAGGETT, ROBERT W
STREET ADDRESS 1284 LOGAN CIRCLE, N.W.
CITY-ST-ZIP ATLANTA GA 30318

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Elizabeth W. Baggett

5-27-97 924-740-9222

CR2E034 (9/96)