

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089569 (3)

1. Corporation Name  
A PINK MAGNOLIA, INC.

97 SEP 18 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

609 W. JEFFERSON  
QUINCY FL 32355

Mailing Address

609 W. JEFFERSON  
QUINCY FL 32355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/31/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 209-A W JEFFERSON  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24 25  
2a. Mailing Address  
26 209-A W JEFFERSON  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip Country  
29 30

4. FEI Number 59-3422395  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNELL, CHRISTAN DIANA  
5001 LAKEFRONT DRIVE N-3  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 fee P applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKINNON, DELILAH R	
STREET ADDRESS	RT. 4 BOX 2200	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, PAT	
STREET ADDRESS	3105 CRICKET LANE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

100002300891--4  
-09/23/97--01047--011  
\*\*\*\*165.00 \*\*\*\*165.00

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: Christian D. Connell PA

9/12/97 (850) 562-8053

CR2E034 (4/97)

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**CONNELL & COMPANY**  
**MANAGEMENT SERVICES**  
5001 LAKEFRONT DRIVE N-3  
TALLAHASSEE, FL 32303  
TEL: (904) 562-8053

September 12, 1997

Sandra B. Mortham  
Secretary of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

RE: A Pink Magnolia, Inc.  
P96000089569 (3)

Dear Mrs. Mortham:

I am writing this letter to request an abatement of the penalty associated with filing the above referenced annual report. The address for the business is wrong. When we applied for the corporation the owners got the address from the City of Quincy officials. They were given 609 West Jefferson when in fact the address is 209-A West Jefferson.

To compound matters the ladies were unable to move into the building until the middle of February 1997 due to the landlord's construction schedule. They were not open and in place to receive mail so they did not get your first mail out.

I am enclosing my personal check for \$165.00. Please consider the extenuating circumstances and abate the additional \$385.00. If you have any questions or comments, I can be reached at the telephone number listed above.

Thank you for your consideration and cooperation in this matter.

Sincerely,



Diana Connell  
Connell & Company

DC/st

Enclosure