112

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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 AUG 27 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # **P97000005118 (9)**

1. Corporation Name
MAGNOLIA VENTURES, INC.

Principal Place of Business	Mailing Address
2802 LONGLEAF ROAD PANAMA CITY FL 32405	2802 LONGLEAF ROAD PANAMA CITY FL 32405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2802 Longleaf Rd
Suite, Apt. #, etc.
22
City & State
23 Panama City, Fl
Zip 24 32405 Country 25 Bay

2a. Mailing Address
26 P.O. Box 15702
Suite, Apt. #, etc.
27
City & State
28 Panama City, Fl
Zip 29 32406 Country 30 Bay

3. Date Incorporated or Qualified
01/17/1997

4. FEI Number
593421174
☐ 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
GABBARD, LAURA B
2802 LONGLEAF ROAD
PANAMA CITY FL 32405

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 [redacted] DATE
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GABBARD, LAURA B		1.2 NAME	
STREET ADDRESS	2802 LONGLEAF ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GABBARD, TERRY		2.2 NAME	
STREET ADDRESS	2802 LONGLEAF ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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CR2E034 (10/97)

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.

[redacted] 407-9223

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AFFORDABLE SEAMLESS GUTTERS

"Quality Aluminum Seamless Gutters"

P.O. Box 15702
Panama City, FL 32406

Phone: 747-9223
Fax: 769-9640

TERRY L. GABBARD
Owner

8-14-98

To Whom It May Concern:

I sent check #1540 for $150.00 on April 10th. It has not cleared the bank yet. I spoke with someone in your office and they said to send again and stop payment on the other check.

Thank you,

Donna B Gabbard

Sec/Treas