

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005118

1. Entity Name

MAGNOLIA VENTURES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90312 034 ***158.75

Principal Place of Business

2802 LONGLEAF ROAD
 PANAMA CITY FL 32405

Mailing Address

P.O. BOX 15702
 PANAMA CITY FL 32406-5702

2. Principal Place of Business

3. Mailing Address

2802 Longleaf Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, FL

4. FEI Number

59-3421174

Applied For
 Not Applicable

Zip

Country

Zip

Country

32405

Bay

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABBARD, LAURA B
 2802 LONGLEAF ROAD
 PANAMA CITY FL 32405

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.



**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GABBARD, LAURA B
 2802 LONGLEAF ROAD
 PANAMA CITY FL 32405

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GABBARD, TERRY
 2802 LONGLEAF ROAD
 PANAMA CITY FL 32405

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TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura B. Gabbard

Date

5-1-2000

Daytime Phone #

850-769-
 5269

CR2E034 (9/99)