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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT # P97000024491 (7)

MAGNOLIA HOUSE OF GRAYTON BEACH, INC.

Principal Place of Business Mailing Address 2 MAGNOLIA ST 2 MAGNOLIA ST SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459

## **FILED** Feb 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59 - 3446 434 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23  $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current/year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ΠÑο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VELDMAN, RICHARD 2 MAGNOLIA ST **B2** Street Address (P.O. Box Number is Not Acceptable) SANTA ROSA BEACH FL 32459 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.3 TITLE Change Addition veldman, richard NAME 1.2 NAME **STREET ADORESS** 1401 BAYTOWNE E. 1.3 STREET ADDRESS DELETE TITLE MŒ 2.2 NAME Veldman, Nancy NAME 2.3 STREET ADDRESS 1401 BAYTOWNE E. STREET ADDRESS 2.4 CiTY-ST-ZIP \_\_\_ Addition **DESTIN FL 32541** Change CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP Addition Change CITY - ST - ZIP 4.1 TITLE DELETE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP \_\_\_ Addition Change CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 1 hereby certify that the information supplied with this filling 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 it 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.

850-221-5859