

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079395 (4)**

1. Corporation Name:

MAGNOLIA LANDING DEVELOPMENT, INC.

Principal Place of Business

P.O. BOX 122
FREEPORT FL 32439

Mailing Address

P.O. BOX 122
FREEPORT FL 32439

2. Principal Place of Business

PO Box 1044
Suite, Apt. #, etc.

2a. Mailing Address

PO Box 1044
Suite, Apt. #, etc.

22

City & State

FREEPORT, FL

27 City & State

FREEPORT, FL

Zip

32439

Country

WACTON

Zip

32439

Country

WACTON

B. Name and Address of Current Registered Agent

**COFFIELD, P. COLLEEN
127 HIGHWAY 98 EAST, 3A
DESTIN FL 32541**

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 or registered appointee

(Note: Registered Agent signature required when rebating)

4/16/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> STREET ADDRESS	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> CITY-ST-ZIP	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:

3-19-98 835-2249

CR2E034 (10/97)