

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PO Box 1044 Suite, Apt. #, etc. 22 City & State 23 FREEPORT, FL Zip 24 32439 Country 25 WACTON		2a. Mailing Address 26 PO Box 1044 Suite, Apt. #, etc. 27 City & State 28 FREEPORT FL Zip 29 32439 Country 30 WACTON		3. Date Incorporated or Qualified 09/11/1997
		4. FEI Number 58-3466338		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

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 of 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)

DATE

4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	JONES, C. WAYNE	1.2 NAME	JONES, C. WAYNE
STREET ADDRESS	P.O. BOX 122	1.3 STREET ADDRESS	184 TWELVE OAKS LANE
CITY-ST-ZIP	FREEPORT FL 32439	1.4 CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	D	2.1 TITLE	D
NAME	LAIRD, HARRY A	2.2 NAME	LAIRD, HARRY A
STREET ADDRESS	P.O. BOX 122	2.3 STREET ADDRESS	2188 BAY LANE RD
CITY-ST-ZIP	FREEPORT FL 32439	2.4 CITY-ST-ZIP	FREEPORT, FL 32439
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, 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: 

3-15-98 835-2245

CR2E034 (10/97)