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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102794

1. Corporation Name

MAGNOLIA REALTY OF PENSACOLA, INC.

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90006 041 ***150.00

Principal Place	e of Business	Mailing Address				1 1981/681 SIR 1811 18814 88111 88111 88111 88118 Item 18818 Item 18818 1811 8181 8181
7420 BEULAH F		7420 BEULAH ROAD				
PENSACOLA FL 32526 PENSACOLA FL 32526						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 12/04/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-3483489 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		27				
City & Stat	8	City & State				6. Election Campaign Financing \$5.00 May Be
23	0	28	Carr	oto.		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	nuy		8. This corporation owes the current year Intangible Personal Property Tax.
24	25	29	30	1		Personal Property Tax. X Yes INO 10. Name and Address of New Registered Agent
	9. Name and Address of Curren	r vealizieten väeut		81	Name	
HARI	NE, WAÑDA			•	Marilo	
	BEULAH ROAD			82 9		et Address (P.O. Box Number is Not Acceptable)
	SACOLA FL 32526			83		
(•		03		
]				84	City	85 Zip Code
		· · · · · · · · · · · · · · · · · · ·				FL 50 CONTROL 10 CONTROL
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	i by t	the corp	ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE			··			
12.	Signature, typed or printed name of registered agen OFFICERS AN		Registered	Agent	signature r	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PVTS	D DIRECTORS DELETE	1.1 TI	n E		PVTS ADDITIONS/STITUTES TO STITUTE TO ADDITION AND BIRCOTOKS IN 12
TITLE	HARNE, WANDA		1.2 N			HARNE, WANDA
NAME [,]	15019 INNERARITY PT. RD.					Lange Roulah Rd :
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	DELETE		TY-ST	-ZiP	Pensacula, FZ 32526
TITLE	DCM MARNE MANDA			2.1 TITLE		DCM ☐ Change ☐ Addition ☐ HARNE, WANDA
NAME	HARNE, WANDA		2.2 N			1 - 4 - 12 - 1 - 1 - 2 A
STREET ADDRESS	15019 INNERARITY PT. RD.			_	ADDRESS	₹
CITY-ST-ZIP	PENSACOLA FL 32507		_	ITY-ST	-ZIP	PENSALOLA, FL 32526
TITLE"		☐ DELETÉ	3.1 TI	. –		☐ Change ☐ Addition
NAME			3.2 N/	ME		
STREET ADDRESS			3.3 \$1	REET	ADDRESS	\$
CITY-ST-ZIP			_	ITY-ST	-ZIP	
TITLE		☐ DELETE	4.1 TF			☐ Change ☐ Addition .
NAME	II.		4. 2 N	AME		
STREET ADDRESS			4.3 \$1	REET	ADDRESS	ıs
CITY-ST-ZIP			4.4 CI	TY-ST	ZIP	
TITLE		☐ DELETE	5.1 ₹1			Change Addition
NAME			5.2 N	ME		
STREET ADDRESS			5.3 \$1	REET	ADDRESS	ıs
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP	
TITLE		☐ DELETE	6.1 TT	πÆ		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ANDRESS			6.3 ST	REET.	ADDRESS	us

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MALURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 25 99

(850) 492-7373

Daytime Phone #