


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 SEP 18 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000089569 (3)

1. Corporation Name
A PINK MAGNOLIA, INC.

Principal Place of Business 609 W. JEFFERSON QUINCY FL 32355	Mailing Address 609 W. JEFFERSON QUINCY FL 32355
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2. Principal Place of Business 21 209-A W JEFFERSON	2a. Mailing Address 26 209-A W JEFFERSON
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 10/31/1996	3a. Date of Last Report
4. FEI Number 59-3422395	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 Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CONNELL, CHRISTAN DIANA
5001 LAKEFRONT DRIVE N-3
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	5001 Lakefront Dr I-3
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 and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKINNON, DELILAH R	
STREET ADDRESS	RT. 4 BOX 2200	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EDWARDS, PAT	
STREET ADDRESS	3105 CRICKET LANE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100002300891--4
3.4 CITY-ST-ZIP	-09/23/97--01047--011
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	****165.00 ****165.00
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

JP
9-19-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Christan Connell PA* 9/12/97 (850) 562-8053

CR2E034 (4/97)

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CONNELL & COMPANY
MANAGEMENT SERVICES
5001 LAKEFRONT DRIVE N-3
TALLAHASSEE, FL 32303
TEL: (904) 562-8053

September 12, 1997

Sandra B. Mortham
Secretary of State
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

RE: A Pink Magnolia, Inc.
P96000089569 (3)

Dear Mrs. Mortham:

I am writing this letter to request an abatement of the penalty associated with filing the above referenced annual report. The address for the business is wrong. When we applied for the corporation the owners got the address from the City of Quincy officials. They were given 609 West Jefferson when in fact the address is 209-A West Jefferson.

To compound matters the ladies were unable to move into the building until the middle of February 1997 due to the landlord's construction schedule. They were not open and in place to receive mail so they did not get your first mail out.

I am enclosing my personal check for \$165.00. Please consider the extenuating circumstances and abate the additional \$385.00. If you have any questions or comments, I can be reached at the telephone number listed above.

Thank you for your consideration and cooperation in this matter.

Sincerely,



Diana Connell
Connell & Company

DC/st

Enclosure