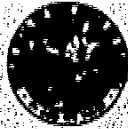


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 PM 4:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S51387 (6)

1. Corporation Name
MAGNOLIA DEVELOPMENT, INC.

Principal Place of Business
**ROUTE 2, BOX 1648
PONCE DE LEON FL 32455**

Mailing Address
**ROUTE 2, BOX 1648
PONCE DE LEON FL 32455**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **05/07/1991** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3076903** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM S. HOWELL, JR., P.A.
105 NORTH 5TH STREET
CHIPLEY FL 32428**

81 Name **KENNETH LANGFORD**

82 Street Address (P.O. Box Number is Not Acceptable)
ROUTE 2, Box 1648

83 **COUNTY ROAD 181**

84 City **PONCE DE LEON, FL** 85 Zip Code **32455**

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 *Kenneth Langford* - **KENNETH LANGFORD** 4/12/95 DATE
Signature, typed or printed name of registered agent and the individual (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **COMMANDER, W.L.**
STREET ADDRESS **COUNTY ROAD 181**
CITY-ST-ZIP **PONCE DE LEON FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **LANGFORD, KENNETH**
STREET ADDRESS **ROUTE 2, BOX 1648**
CITY-ST-ZIP **PONCE DE LEON FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **COMMANDER, RUTH**
STREET ADDRESS **COUNTY ROAD 181**
CITY-ST-ZIP **PONCE DE LEON FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Ruth Commander* **Ruth Commander** 4/12/95 44-548-5201
Signature and typed or printed name of signing officer or director Date Taxpayer ID #