

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

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 32455-9802**

3. Date Incorporated or Qualified: **05/07/1991** 3a. Date of Last Report: **04/11/1996**  
4. FEI Number: **59-3076803** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country 25. Country  
2a. Mailing Address: 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LANGFORD, KENNETH  
RT. 2, BOX 1648  
COUNTY ROAD 181  
PONCE DE LEON FL 32455**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when resigning)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMMANDER, W.L.</b>	
STREET ADDRESS	<b>COUNTY ROAD 181</b>	
CITY-ST-ZIP	<b>PONCE DE LEON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANGFORD, KENNETH</b>	
STREET ADDRESS	<b>ROUTE 2, BOX 1648</b>	
CITY-ST-ZIP	<b>PONCE DE LEON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COMMANDER, RUTH</b>	
STREET ADDRESS	<b>COUNTY ROAD 181</b>	
CITY-ST-ZIP	<b>PONCE DE LEON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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	

14. I do 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 reported 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** 548-5201  
Date: **3/12/97** Daytime Phone #  
0055177

CR2E034 (9/96)