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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

-1999 2000

DOCUMENT # S51387

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

2. Principal Place of Business
P.O. Box 2959 R.M. Ward Rd

2a. Mailing Address

3. Date Incorporated or Qualified
05/07/1991

21. Suite, Apt. #, etc.
N/A

26. Suite, Apt. #, etc.

4. FEI Number
59-3076803

Applied For
Not Applicable

22. City & State
Ponce De Leon, FL

27. City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. Zip
FL

28. Zip

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Country
USA

25. Country

29. Country

30. Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

Kenneth M Langford

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Change of Address
Kenneth Langford
2959 R.M. Ward Rd
Ponce De Leon, FL

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

TITLE D DELETE
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 DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
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 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.

SIGNATURE:

Kenneth Langford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

Date

892-1487

Daytime Phone #

CR2E034 (1/98)