

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:29

DOCUMENT # 707252 (3)
1. Corporation Name
MAGNOLIA TOWERS, INC.

Principal Place of Business Mailing Address
100 E ANDERSON ST ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/06/1964	3a. Date of Last Report 03/15/1994
4. FEI Number 59-1115878	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**ALBRITTON, SYLVIA S
100 E ANDERSON STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ORVILLE R	1.2 NAME	
STREET ADDRESS	1009 E GREENWOOD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	1.4 CITY-STATE-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELLINGS, JAMES H	2.2 NAME	
STREET ADDRESS	2052 COUNTRYSIDE CIRCLE, N	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	2.4 CITY-STATE-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, DR. LOUIS C.	3.2 NAME	
STREET ADDRESS	900 S DELANEY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	3.4 CITY-STATE-ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, TED	4.2 NAME	
STREET ADDRESS	3231 ARDSLEY DR	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	4.4 CITY-STATE-ZIP	
TITLE	DS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, SARA	5.2 NAME	
STREET ADDRESS	400 E COLONIAL DR #1401	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, C M NEIL	6.2 NAME	
STREET ADDRESS	4316 LAKE UNDERHILL DR.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	6.4 CITY-STATE-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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Ted May **TED MAY** 2-3-95 407-843-9691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)