

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **05/06/1964**
3a. Date of Last Report: **02/09/1995**

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

4. FEI Number: **59-1115878**
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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, ORVILLE R	
STREET ADDRESS	1009 E GREENWOOD	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SNELLINGS, JAMES H	
STREET ADDRESS	2052 COUNTRYSIDE CIRCLE, N	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MURRAY, DR. LOUIS C.	
STREET ADDRESS	900 S DELANEY	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MAY, TED	
STREET ADDRESS	3231 ARDSLEY DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MOBLEY, SARA	
STREET ADDRESS	400 E COLONIAL DR #1401	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANKLIN, C M NEIL	
STREET ADDRESS	4316 LAKE UNDERHILL DR.	
CITY-ST-ZIP	ORLANDO, FL 00000	

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	
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 checked="" type="checkbox"/> Addition
6.2 NAME	D. JOHN ANDERSON
6.3 STREET ADDRESS	222 W. MAITLAND BLVD.
6.4 CITY-ST-ZIP	MAITLAND FL 32751

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ted May* **TED MAY** **3-8-96** **841-2239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)