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Feb 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32801-3756

3. Date Incorporated or Qualified: 05/06/1964  
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-1115878		Applied For: Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DAVIS, ORVILLE R	1.1 TITLE	
NAME: DAVIS, ORVILLE R	1009 E GREENWOOD	1.2 NAME	
STREET ADDRESS: 1009 E GREENWOOD	ORLANDO, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO, FL 00000		1.4 CITY-ST-ZIP	
TITLE: VP	SNELLINGS, JAMES H	2.1 TITLE	
NAME: SNELLINGS, JAMES H	2052 COUNTRYSIDE CIRCLE, N	2.2 NAME	
STREET ADDRESS: 2052 COUNTRYSIDE CIRCLE, N	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE: DP	MURRAY, DR. LOUIS C.	3.1 TITLE	
NAME: MURRAY, DR. LOUIS C.	900 S DELANEY	3.2 NAME	
STREET ADDRESS: 900 S DELANEY	ORLANDO, FL 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO, FL 00000		3.4 CITY-ST-ZIP	
TITLE: DT	MAY, TED	4.1 TITLE	
NAME: MAY, TED	3231 ARDSLEY DR	4.2 NAME	
STREET ADDRESS: 3231 ARDSLEY DR	ORLANDO, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO, FL 00000		4.4 CITY-ST-ZIP	
TITLE: DS	MOBLEY, SARA	5.1 TITLE	
NAME: MOBLEY, SARA	400 E COLONIAL DR #1401	5.2 NAME	
STREET ADDRESS: 400 E COLONIAL DR #1401	ORLANDO, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP: ORLANDO, FL 00000		5.4 CITY-ST-ZIP	
TITLE: D	ANDERSON, JOHN	6.1 TITLE	
NAME: ANDERSON, JOHN	222 W MATLAND BLVD	6.2 NAME	
STREET ADDRESS: 222 W MATLAND BLVD	MATLAND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP: MATLAND FL		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 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* DATE: 2/21/97 (407) 843-9591

CR2E037 (9/96)