

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 MAY -1 AM 9:18

DOCUMENT # **K47637** (9)

1. Corporation Name

MAGNOLIA MANAGEMENT CORPORATION

Principal Place of Business

1700 13TH ST STE 1
ST CLOUD FL 34769

Mailing Address

1700 13TH ST STE 1
ST CLOUD FL 34769

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/29/1988** 3a. Date of Last Report **02/18/1994**

4. FEI Number **59-2917159** 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**

7. This corporation has liability for intangible tax under S. 199.002, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

KING, JOHN L
1700 13TH ST STE 1
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name **GENHO, PAUL C.**
82 Street Address (P.O. Box Number is Not Acceptable) **13754 DESERET LANE**
83
84 City **ST. CLOUD** FL 85 Zip Code **34773**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.1605, Florida Statutes.

SIGNATURE

Paul C. Genho

Signature of registered agent and fee if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VGM
NAME	KING, JOHN L
STREET ADDRESS	1700 13TH STE 1
CITY - ST - ZIP	ST CLOUD FL
TITLE	D
NAME	BURTON, DAVID
STREET ADDRESS	50 E N TEMPLE ST
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	DV
NAME	CREER, JOHN W.
STREET ADDRESS	139 E. SOUTH TEMPLE ST.
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	D
NAME	SIMMONS, TED D
STREET ADDRESS	50 E. NORTH TEMPLE ST.
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	PD
NAME	FACER, WAYNE G.
STREET ADDRESS	60 E. SOUTH TEMPLE ST.
CITY - ST - ZIP	SALT LAKE CITY UT
TITLE	S
NAME	GRONNING C EUGENE
STREET ADDRESS	60 E SOUTH TEMPLE ST.
CITY - ST - ZIP	SALT LAKE CITY UT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	CHARLES WHIPPLE	
1 3 STREET ADDRESS	139 E SOUTH TEMPLE	
1 4 CITY - ST - ZIP	SALT LAKE CITY, UT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE	VD	
2 2 NAME	GENHO, PAUL C.	
2 3 STREET ADDRESS	13754 DESERET LANE	
2 4 CITY - ST - ZIP	ST. CLOUD, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE	PD	
3 2 NAME	JOHN W. CREER	
3 3 STREET ADDRESS	139 E. SOUTH TEMPLE ST.	
3 4 CITY - ST - ZIP	SALT LAKE CITY UT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	KENT L. COOK	
4 3 STREET ADDRESS	13754 DESERET LANE	
4 4 CITY - ST - ZIP	ST. CLOUD, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5 1 TITLE	D	
5 2 NAME	ROBERT D. LAMOUREAUX	
5 3 STREET ADDRESS	50 E NORTH TEMPLE ST.	
5 4 CITY - ST - ZIP	SALT LAKE CITY UT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE	D	
6 2 NAME	GEORGE S. SPENCER	
6 3 STREET ADDRESS	13754 DESERET LANE	
6 4 CITY - ST - ZIP	ST. CLOUD, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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:

Kent L. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

Date

(Indicate Page #)

K47631

Florida Department of State
Division of Corporations

To Whom It May Concern:

Additional Directors for Magnolia Management Corporation are:

D
Richard C. Edgley

D
Wayne G. Facer
60 E. South Temple Street
Salt Lake City Ut