

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: 11/29/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2917159
5. Certificate of Status Desired: \$8.75 Additional Fees 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

2. Principal Place of Business: 21 1700 13th. ST.
22 SUITE 2
23 ST. CLOUD, FL
24 Zip 34769
25 Country US
2a. Mailing Address: 26 1700 13th. ST.
27 SUITE 2
28 ST. CLOUD, FL
29 Zip 34769
30 Country US

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 James Payne
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 607.1508, 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: *James B Payne*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VGM <input checked="" type="checkbox"/> DELETE	NAME: KING, JOHN L.	1.1 TITLE: S <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	1.2 NAME: CHARLES WHIPPLE
STREET ADDRESS: 1700 13TH STE 1	CITY-ST-ZIP: ST CLOUD FL	1.3 STREET ADDRESS: 139 E SOUTH TEMPLE	1.4 CITY-ST-ZIP: SALT LAKE CITY, UT
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: BURTON, DAVID	2.1 TITLE: VD <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	2.2 NAME: PAUL C. GENHO
STREET ADDRESS: 50 E N TEMPLE ST	CITY-ST-ZIP: SALT LAKE CITY UT	2.3 STREET ADDRESS: 13754 DESERET LANE	2.4 CITY-ST-ZIP: ST. CLOUD, FL
TITLE: DV <input checked="" type="checkbox"/> DELETE	NAME: CREER, JOHN W.	3.1 TITLE: PD <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	3.2 NAME: JOHN W. CREER
STREET ADDRESS: 139 E. SOUTH TEMPLE ST.	CITY-ST-ZIP: SALT LAKE CITY UT	3.3 STREET ADDRESS: 139 E SOUTH TEMPLE	3.4 CITY-ST-ZIP: SALT LAKE CITY, UT
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: SIMMONS, TED D	4.1 TITLE: T <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	4.2 NAME: KENT L. COOK
STREET ADDRESS: 50 E. NORTH TEMPLE ST.	CITY-ST-ZIP: SALT LAKE CITY UT	4.3 STREET ADDRESS: 13754 DESERET LANE	4.4 CITY-ST-ZIP: ST. CLOUD, FL
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: FACER, WAYNE G.	5.1 TITLE: D <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	5.2 NAME: ROBERT D. LAMOREAUX
STREET ADDRESS: 60 E. SOUTH TEMPLE ST.	CITY-ST-ZIP: SALT LAKE CITY UT	5.3 STREET ADDRESS: 139 E. SOUTH TEMPLE	5.4 CITY-ST-ZIP: SALT LAKE CITY, UT
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: GRONNING C EUGENE	6.1 TITLE: D <input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition	6.2 NAME: JAMES B. PAYNE
STREET ADDRESS: 60 E SOUTH TEMPLE ST.	CITY-ST-ZIP: SALT LAKE CITY UT	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 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 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, Treasurer* 4/21/96 (407) 892-3672
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (12/95)