

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000073359 (8)**

1. Corporation Name

MAGNOLIA ESTATES DEVELOPMENT, INC.



Principal Place of Business

**4540 SOUTHSIDE BLVD., SUITE 902-A
JACKSONVILLE FL 32216**

Mailing Address

**4540 SOUTHSIDE BLVD., SUITE 902-A
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 **9551 BAYMEADOWS ROAD**

Suite, Apt. #, etc.

22 **SUITE 4**

City & State

23 **JACKSONVILLE, FL**

Zip Country

24 **32256**

25 **DUVAL**

2a. Mailing Address

26 **9551 BAYMEADOWS ROAD**

Suite, Apt. #, etc.

27 **SUITE 4**

City & State

28 **JACKSONVILLE, FL**

Zip Country

29 **32256**

30 **DUVAL**

3. Date Incorporated or Qualified

09/22/1995

3a. Date of Last Report

4. FEI Number

59-3343824

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

**HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD., SUITE 902-A
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

81 **STOKES, E. CHESTER JR.**
82 **9551 BAYMEADOWS ROAD, SUITE 4**
83
84 **JACKSONVILLE** **FL** 85 **32256**

11. Pursuant to the provisions of Sections 607.050 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, thereby, and/or the appointment as registered agent. I am familiar with, and accept, the provisions of Sections 607.050 and 607.1508, Florida Statutes.

SIGNATURE

Handwritten signature of E. Chester Stokes, Jr.

E. CHESTER STOKES, JR.

4/9/96

Signature of officer or director or trustee or registered agent and the date

Name of New Registered Agent and the date

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HURST, CHRISTOPHER J	
STREET ADDRESS	4540 SOUTHSIDE BLVD., SUITE 902-A	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	STOKES, E. CHESTER JR.	
13. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
14. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
2. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	BERGMANN, THOMAS C.	
23. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
24. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	BRAREN, MICHAEL E.	
33. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
34. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
4. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	WALLACE, L. DENISE	
43. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
44. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
5. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	FREDENHAGEN, SHARON W.	
53. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
54. CITY-ST-ZIP	JACKSONVILLE, FL 32256	
6. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	HICE, SHERRY	
63. STREET ADDRESS	9551 BAYMEADOWS ROAD, SUITE 4	
64. CITY-ST-ZIP	JACKSONVILLE, FL 32256	

14. I do hereby certify that the information supplied with this filing is voluntary, 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 the 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:

Handwritten signature of Sherry Hice
SHERRY HICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

904/739-2249

CR2E034 (12/95)