

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000078312 (0)
 1. Corporation Name
STOKES-MAGNOLIA VENTURE, INC.



Principal Place of Business 4540 SOUTHSIDE BOULEVARD SUITE 302 JACKSONVILLE FL 32216	Mailing Address 4540 SOUTHSIDE BOULEVARD SUITE 302 JACKSONVILLE FL 32216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9551 BAYMEADOWS ROAD Suite, Apt. #, etc. 22 SUITE 4		2a. Mailing Address 26 9551 BAYMEADOWS ROAD Suite, Apt. #, etc. 27 SUITE 4		3. Date Incorporated or Qualified 09/05/1997	
City & State 23 JACKSONVILLE FL Zip Country 24 32256 25		City & State 28 JACKSONVILLE FL Zip Country 29 32256 30		4. FEI Number 59-3502199 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HURST, CHRISTOPHER J 4540 SOUTHSIDE BOULEVARD SUITE 302 JACKSONVILLE FL 32216				10. Name and Address of New Registered Agent 81 Name STOKES, E CHESTER JR 82 Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS RD SUITE 4 83 84 City JACKSONVILLE FL 85 Zip Code 32256			
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11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 *E. Chester Stokes, Jr.* **E. CHESTER STOKES, JR.** **4/15/98**
(Signature, typed or printed name of registered agent and date of appointment) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HURST, CHRISTOPHER J	1.2 NAME	STOKES, E CHESTER JR
STREET ADDRESS	4540 SOUTHSIDE BOULEVARD, SUITE 302	1.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP	JACKSONVILLE FL 32216	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BERGMANN, THOMAS C
STREET ADDRESS		2.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BRAREN, MICHAEL E
STREET ADDRESS		3.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WALLACE, L DENISE
STREET ADDRESS		4.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FREDENHAGEN, SHARON W
STREET ADDRESS		5.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HICE, SHERRY
STREET ADDRESS		6.3 STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE FL 32256

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sherry Hice* **Sherry Hice** **4/15/98** **904/730 3240**

CR2E034 (10/97)