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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 032 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000078312**

1. Corporation Name
STOKES-MAGNOLIA VENTURE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US**

Mailing Address
**9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US**

3. Date Incorporated or Qualified
09/05/1997

4. FEI Number
59-3502199 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**STOKES, E C JR
 9551 BAYMEADOWS RD
 SUITE 4
 JACKSONVILLE FL 32256**

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STOKES, E C JR	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGMANN, THOMAS C	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, L D	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wallace, L Denise
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry Hice Sherry Hice 4/23/99 904/739-2249
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)