2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 147228

1. Entity Name

----- FL 34997

MAGNOLIA INVESTMENT COMPANY

Principal Place of Business :::0 SE JIB LANE

Mailing Address

4116 SE JIB LANE STUART FL 34997-6124

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Jan 13, 2000 8:00 am Secretary of State

01-13-2000 90038 005 ***150.00

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DO NOT WRITE IN THIS SPACE

City & State		City & State		4. F	^{-El Number} 59-0584926	Applied For	
					J9 0J04320		
Zip	Country	Zip	Country	5. 0		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
	The second second		Name	Eliphan .			
WAUGH JR, JAMES L				Street Address (P.O. Box Number is Not Acceptable)			
4116 SE JIB LN							
SIUA	ART FL 34997		İ				
			City		FL	Zip Code	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or	registered age	ent, or both, in the State of Florida.		
	,	, .		•			
SIGNATURE .							
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE; F	Registered Agent signatur	re required when re	instating) DATE		
9. This corpo	pration is eligible to satisfy its Intangible	40 Flanting Committee Cingnoise	OF 00				
	equirement and elects to do so."	After MAY 1, 2000			10. Election Campaign Financing Trust Fund Contribution. □	\$5.00 May Be Added to Fees	
(See criteria on back)			to Department	of State			
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	WAUGH, JAMES L JR		NAME				
STREET ADDRESS	4116 SE JIB LN		STREET ADDRESS			ì	
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	HENDERSON, SUSAN W.		NAME			20.	
STREET ADDRESS	-34277 HOMESTEAD RD-		STREET ADDRESS	1490	BELLE HAVEN	DRIVE	
CITY-ST-ZIP	GURNEE IL 60031		CITY-ST-ZIP	GRAY	BELLE HAVEN IS LAKE, IL. 6	0030	
TITLE	ST	☐ Delete	TITLE		,	☐ Change ☐ Addition	
NAME	-WAUGH, CAROLYN J	يا المعلم من سيس ريا د	NAME		يسانه حمد سيها بعده الجاري السا		
STREET ADDRESS	4116 SE JIB LANE		STREET ADDRESS				
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	SIEMON, MARGARET W.		NAME				
STREET ADDRESS	9860 MELALEUCA LN		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP				
TITLE	ν	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	ELFERS, LEE A (WAUGH)		NAME	,	TAKE OFE OL	ACC	
STREET ADDRESS	2604 YARMOUTH DRIVE		STREET ADDRESS	1920	5 TAKE OFF PL	110	
CITY-ST-ZIP	WEST PALM BCH. FL		CITY-ST-ZIP	WELL	INGTON, FL. 33.		
TITLE	D	☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	WAUGH, JOHN F		NAME			1	
STREET ADDRESS	4116 S.E. JIB LAN		STREET ADDRESS				
CITY-ST-ZIP	STUART FL		CITY-ST-ZIP				
indicated	on this report or supplemental report is t	rue and accurate and that my	i signature shall ha	ave the same I	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under oath; that I ar	n an officer or director	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JIL WAOGH JR SIGNATURE AND TYPED OR PRINTED NAME OF