DOCUMENT # 147228 1. Entity Name MAGNOLIA INVESTMENT COMPANY						FILED Jan 12, 2001 8:00 am Secretary of State					
Principal Plac	ce of Business	Mailing Address			-		2-2001	-			
4116 SE JIB LI STUART FL 34	ANE.	4116 SE JIB LANE STUART FL 34997									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. F	El Number 59-05 6	34926			oplied For ot Applicable	
Zip Country		Zip	Coun	try	5 . C	ertificate of Status Des	sired [8.75 Add e Require		
_	6. Name and Address of Current F	legistered Agent		Nama	7. N	ame and Address of	New Regis	tered Ag	ent].
WAU	JGH JR, JAMES L			Name	(D.O. D.	No to No. A					4
4116	S SE JIB LN		!	Street Address	(P.O. Bo	ox Number is Not Acce	ертабіе)				_
SIU	ART FL 34997					. 			I''		4
				City				FL	Zip Cod	le 	_
Tax filing r	Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After MAY 1, 20 Make Check Payab	!! FEE 01 Fee	will be \$550.00		10. Election Campa Trust Fund Cont		DATE		00 May Be	
11.	OFFICERS AND D		12.		- 1	DITIONS/CHANGES T	O OFFICE	RS AND D	IRECTOR	S IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAUGH, JAMES L JR 4116 SE JIB LN STUART FL	☐ Delete						ĺ	□ Change	☐ Addition	CR2E034 (10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, SUSAN W. 1490 BELLE HAVEN DRIVE GRAYSLAKE IL 60030	☐ Delete						[Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAUGH, CAROLYN J 4116 SE JIB LANE STUART FL	☐ Delete ~~~					-	[Change 7	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEMON, MARGARET W. 9860 MELALEUCA LN WEST PALM BCH FL	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELFERS, LEE A (WAUGH) 15505 TAKE OFF PLACE WELLINGTON FL 33414	☐ Delete						[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAUGH, JOHN F 4116 S.E. JIB LAN STUART FL	□ Delete	1	J					_ Change	☐ Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is in poration or the receiver or trustee empoyor or on an attachment with an address, where the supplement with an address.	rue and accurate and that m vered to execute this report a th all other like empowered.	ıy signat as requir	ure shall have the	same le	oal effect as if made u	inder oath; y name ap	that I am pears in E	an officer Block 11 or	or director	,