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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F76155 (3)MAGNOLIA PARK, INC. Principal Place of Business Mailing Address % WILLIAM F. ENNEKING % BLAKE PARSLEY 1309 BRANDONWOOD DRIVE BRANDON FL 33510-2604 PINE & LEXINGTON. P. O. BOX 444 MELROSE FL 32666 3. Date Incorporated or Qualified 3a. Date of Last Report 04/13/1982 07/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2190087 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name PARSLEY, BLAKE M John C. Bovay 1309 BRANDWOOD DR Street Address (P.O. Box Number is Not Acceptable)
633 N.W. 8th Avenue 82 **BRANDON FL 33510** 83 Zip Code 32601 Gainesville, FL 85 Zip Code 32601

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. 84 City 4/4/57 SIGNATURE Signature, typed or pr name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change THILE ST 11 TOLE NAME PARSLEY, BLAKE 1.2 NAME PINES&LEXINGTON ST BX444 1.3 STREET ADDRESS STREET ADORESS MELROSE FL CITY - \$1 - ZIP 1.4 CITY-ST-ZIP DELETE 2 1 TITLE Change Addition THEF ENNEKING, MARGARET L 2.2 NAME PINES&LEXINGTON ST BX444 STREET ADDRESS 2.3 STREET ADDRESS MELROSE FL 2. 4 CITY - ST - ZIP CITY-SI-ZE DELETE ☐ Addition 31 TITLE Change TITLE ENNEKING, WILLIAM F NAME 32 NAME PINES&LEXINGTON ST BX444 STREET ADDRESS 3.3 STREET ADDRESS MELROSE FL 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE THLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST- ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 51 TITLE TOLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7P 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE 100 6.2 NAME NAME **63 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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

SIGNATURE:

appears in Block 12 or Block

W.7. ENNERING

FILED

Apr 21 1997 8:00am

Secretary of State