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

FILED
97 APR 28 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G95510** (5)

1. Corporation Name
MAGNOLIA - BOYD, INC.

Principal Place of Business
12630 LILLIAN HWY
PENSACOLA FL 32506
US

Mailing Address
12630 LILLIAN HWY
PENSACOLA FL 32506-6417
US

3. Date Incorporated or Qualified: 04/10/1984
3a. Date of Last Report: 04/23/1996

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

2a. Mailing Address
26 PO Box 119
Suite, Apt #, etc.
27
City & State
28 Lillian, AL
Zip 29 36549 Country 30

4. FEI Number: 59-2541435 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
GINGERICH, JACOB
12630 LILLIAN HWY
PENSACOLA FL 32506

10. Name and Address of New Registered Agent
81 Name
82 CORPORATION SERVICE COMPANY
83 1201 HAYS STREET
TALLAHASSEE, FL 32301
84 City — 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: Vicki Schneider, Asst Vice President — DATE: 4/28/97
(Signature, type the name of the registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	500002156285--0 ☐ Change ☐ Addition
NAME	BOYD, JAMES C. M.D.	1.2 NAME	-04/28/97--01041--002
STREET ADDRESS	624 CHADWICK STREET	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOYD, RALPH M. M.D.	2.2 NAME	
STREET ADDRESS	4250 CRAWFORD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	GINGERICH, JACOB	3.2 NAME	
STREET ADDRESS	12251 COUNTY RD 91	3.3 STREET ADDRESS	2122 CR 500
CITY-ST-ZIP	LILLIAN AL	3.4 CITY-ST-ZIP	Bayfield, CO 81122
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LIECHTY, DARRELL	4.2 NAME	
STREET ADDRESS	3443 MAI KAI DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacob Gingerich — 4/24/97 — (334) 962-2018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486084