

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K47637** (9)

1. Corporation Name

MAGNOLIA MANAGEMENT CORPORATION



Principal Place of Business

1700 13TH ST STE 1
ST CLOUD FL 34769

Mailing Address

1700 13TH ST STE 1
ST CLOUD FL 34769

2. Principal Place of Business
21 1700 13th. ST.
Suite, Apt. #, etc.
22 SUITE 2
City & State
23 ST. CLOUD, FL
Zip
24 34769
Country
25 US

2a. Mailing Address
26 1700 13th. ST.
Suite, Apt. #, etc.
27 SUITE 2
City & State
28 ST. CLOUD, FL
Zip
29 34769
Country
30 US

3. Date Incorporated or Qualified
11/29/1988

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2917159
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees 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

KING, JOHN L
1700 13TH ST STE 1
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

81 Name James Payne
82 Street Address (P.O. Box Number is Not Acceptable)
13754 Deseret Lane
83
84 City St. Cloud FL 85 Zip Code 34773

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 *James B. Payne*
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	VGM	<input checked="" type="checkbox"/> DELETE
NAME	KING, JOHN L.	
STREET ADDRESS	1700 13TH ST STE 1	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, DAVID	
STREET ADDRESS	50 E N TEMPLE ST	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CREER, JOHN W.	
STREET ADDRESS	139 E. SOUTH TEMPLE ST.	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, TED D	
STREET ADDRESS	50 E. NORTH TEMPLE ST.	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FACER, WAYNE G.	
STREET ADDRESS	60 E. SOUTH TEMPLE ST.	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRONNING C EUGENE	
STREET ADDRESS	60 E SOUTH TEMPLE ST.	
CITY-ST-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES WHIPPLE	
1.3 STREET ADDRESS	139 E SOUTH TEMPLE	
1.4 CITY-ST-ZIP	SALT LAKE CITY, UT	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL C. GENHO	
2.3 STREET ADDRESS	13754 DESERET LANE	
2.4 CITY-ST-ZIP	ST. CLOUD, FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN W. CREER	
3.3 STREET ADDRESS	139 E SOUTH TEMPLE	
3.4 CITY-ST-ZIP	SALT LAKE CITY, UT	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KENT L. COOK	
4.3 STREET ADDRESS	13754 DESERET LANE	
4.4 CITY-ST-ZIP	ST. CLOUD, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT D. LAMOREAUX	
5.3 STREET ADDRESS	139 E. SOUTH TEMPLE	
5.4 CITY-ST-ZIP	SALT LAKE CITY, UT	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES B. PAYNE	
6.3 STREET ADDRESS	13754 DESERET LANE	
6.4 CITY-ST-ZIP	ST. CLOUD, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kent L. Cook, Treasurer

4/24/96

(407) 892-3672

CR2E034 (12/95)