FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L19741** **(2)**

1. Corporation Name
MAGNOLIA GOLF ENTERPRISE CORPORATION

Principal Place of Business	Mailing Address
1465 SOUTH FORT HARRISON AVENUE SUITE 201 CLEARWATER FL 34616	1465 SOUTH FORT HARRISON AVENUE SUITE 201 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/02/1989**
3a. Date of Last Report: **07/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 1472 Jordan Hills Court	26 1472 Jordan Hills Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater, Florida	28 Clearwater, Florida
24 Zip 34616 / 25 Country Pinellas	29 Zip 34616 / 30 Country Pinellas

4. FEI Number: **65-0162213** ☐ 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

LENHARDT, PETER M.
1465 S. FORT HARRISON AVENUE, SUITE 201
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: Lenhardt, Peter M.
82 Street Address (P.O. Box Number is Not Acceptable):
83 1472 Jordan Hills Court
84 City: Clearwater, FL 85 Zip Code: 34616

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Peter M. Lenhardt 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	LENHARDT, PETER M.	12 NAME	LENHARDT, PETER M	
STREET ADDRESS	1465 S FORT HARRISON AVE	13 STREET ADDRESS	1472 Jordan Hills Court	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	SD	21 TITLE	SD	☒ Change ☐ Addition
NAME	LENHARDT, HELEN K.	22 NAME	LENHARDT, HELEN K	
STREET ADDRESS	1465 S FORT HARRISON AVE	23 STREET ADDRESS	1472 Jordan Hills Court	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Clearwater, FL 34616	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Peter M. Lenhardt 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0966672 CP