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 # **L45765** 1-26-96 B-0361-NC (9)

1. **MAGNOLIA MANAGEMENT OF TALLAHASSEE, INC.**

% DUBOSE AUSLEY
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

Mailing Address:
% DUBOSE AUSLEY
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2993519 [ ] 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

2. Principal Place of Business | 2a. Mailing Address
21 | 26
22 Suite, Apt. # etc. | 27 Suite, Apt. # etc.
23 City & State | 28 City & State
24 Zip | 25 Country | 29 Zip | 30 Country

9. **Name and Address of Current Registered Agent**

AUSLEY, DUBOSE
227 SOUTH CALHOUN ST.
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502, 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.

12. OFFICERS AND DIRECTORS

[ ] DELETE
DPS
FIGG, ANN RUTH
410 NORTH RIDE
TALLAHASSEE FL

[ ] DELETE
T
FIGG, ANN RUTH
410 NORTH RIDE
TALLAHASSEE FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP [ ] Change [ ] Addition

CR2E034 (12/95)

14. I 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 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: Ann Ruth Figg 1/23/96 385-0237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #