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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005306

1. Corporation Name

MAGNOLIA ROW, INC.

Principal Place of Business

2762 POST STREET
 JACKSONVILLE FL 32205
 US

Mailing Address

2419 WINTERWOOD CIR E
 JACKSONVILLE FL 32210
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/18/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 1178 6th Avenue, N.		59-3470206	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Jacksonville Beach, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29 32250		30 Duval	

9. Name and Address of Current Registered Agent

DAVIS, JEANNE A
 2419 WINTERWOOD CIRCLE EAST
 JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name	Hudson, Sandra L
82 Street Address (P.O. Box Number is Not Acceptable)	1178 6th Avenue, N.
83	
84 City	Jacksonville Beach FL
85 Zip Code	32250

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Sandra L. Hudson Sandra L. Hudson, Treasurer 01/08/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, SANDRA L	1.2 NAME	Sachs, Mary A
STREET ADDRESS	1178 6TH AVE S	1.3 STREET ADDRESS	74 Belmont Avenue
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	1.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, VICKI L	2.2 NAME	Higley, Rita
STREET ADDRESS	1178 6TH AVE S	2.3 STREET ADDRESS	12496 Altrill Road
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	2.4 CITY-ST-ZIP	Jacksonville, FL 32258
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JEANNE A	3.2 NAME	Hudson, Sandra L
STREET ADDRESS	2419 WINTERWOOD CIR E	3.3 STREET ADDRESS	1178 6th Avenue, N.
CITY-ST-ZIP	JACKSONVILLE FL 32210	3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SACHS, MARY A	4.2 NAME	Fitzpatrick, Vicki L.
STREET ADDRESS	74 BELMONT AVE	4.3 STREET ADDRESS	1178 6th Avenue, N.
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	Jacksonville Beach FL 32250
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, STEPHANIE	5.2 NAME	Davis, Jeanne A.
STREET ADDRESS	1168 NICHOLSON RD	5.3 STREET ADDRESS	2419 Winterwood Circle E.
CITY-ST-ZIP	JACKSONVILLE FL 32207	5.4 CITY-ST-ZIP	Jacksonville FL 32210
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIGLEY, RITA	6.2 NAME	Goldman, Judy
STREET ADDRESS	12496 ALTRILL RD	6.3 STREET ADDRESS	1520 S. 1st Street
CITY-ST-ZIP	JACKSONVILLE FL 32258	6.4 CITY-ST-ZIP	Jacksonville Beach FL 32250

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra L. Hudson Sandra L. Hudson 01/08/99 (904) 270-1620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)