

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 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023733 (7)

1. Corporation Name

MAGNOLIA REALTY, INC.

Principal Place of Business

Mailing Address

1001 N. WASHINGTON BLVD.
STE. 201
SARASOTA FL 34236-3425
US

1001 N. WASHINGTON BLVD.
STE. 201
SARASOTA FL 34236-3425
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0401811

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 § 190.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDSON, RAYMOND T JR
1001 N WASHINGTON BLVD
SARASOTA FL 34236-3425

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent, if registered agent is not the corporation)

(Signature of New Registered Agent, if signature required when submitting)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DST
2. NAME	RICHARDSON, RAYMOND T JR
3. STREET ADDRESS	1001 N WASHINGTON BLVD
4. CITY, ST, ZIP	SARASOTA FL
5. TITLE	PD
6. NAME	HUDSON, BERNICE
7. STREET ADDRESS	1001 N. WASHINGTON BLVD.
8. CITY, ST, ZIP	SARASOTA FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 139.032(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in the capital city of Tallahassee, Florida, or in the office of the corporation or the registered office of the corporation, as required by Chapter 140, Florida Statutes, and that my name appears on Block 1, or Block 1A, of the report or on an affidavit accompanying an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND T. RICHARDSON, JR.

4/27/95

813-315-5718