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

FILED
95 MAY -1 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050582 (4)

1. Corporation Name
SWEET MAGNOLIAS, INC.

Principal Place of Business	Mailing Address
11324 TROTTING HORSE LANE JACKSONVILLE FL 32225	11324 TROTTING HORSE LANE JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 1553 Ceseey Blvd
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Fla
24 Zip: 32211 25 Country: Duval

2a. Mailing Address
26 P.O. Box 11679
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, Fl
29 Zip: 32239-1679 30 Country: DUVAL

4. FEI Number: 59-3188908 ☐ 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

COFFMAN, JAMES R
11324 TROTTING HORSE LANE
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4816 Charles Bennett Dr.
83
84 City: Jacksonville FL 85 Zip Code: 32225

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LUCEY, BONNIE	12 NAME		
STREET ADDRESS	P.O. BOX 11494 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32239-1494	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☑ Change ☐ Addition
NAME	COFFMAN, JAMES R.	22 NAME		
STREET ADDRESS	11324 TROTTING HORSE LANE	23 STREET ADDRESS	4816 charles Bennett Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☑ Change ☐ Addition
NAME	COFFMAN, SHARON	32 NAME		
STREET ADDRESS	11324 TROTTING HORSE LANE	33 STREET ADDRESS	4816 CHARLES Bennett Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☑ Change ☐ Addition
NAME	LUCEY, MICHAEL	42 NAME	Lucey, Michael	
STREET ADDRESS	P.O. BOX 11494 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32239-1494	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: Sharon Coffman 4-25-95 904-743-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00[illegible] CP