## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9300050582 (4)

State   Stat	SWEET	MAGNOLIAS, INC.						
US  US  S. Date Proceptions of Challed Bench  2. Minimpa Place of Excliness  3. Date Place of Excliness  3. Date Place of Excliness  5. Confidence  5. Co	Principal Place	of Business	Mailing Address			a indicada nin ining ilizi darni ndili	. Esiki asini alili Sefet E	JINGT ADING ENDE IDDI
2. Phrops Place of Business	JAX FL 32211 JAX FL-82039-1079							
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Sure, Apr. 4, etc. 2   20   27   27   28   27   27   28   27   27		ce of Business	— ·			1 ***	<b></b> .	<u> </u>
Fee Required   Fee		oto					\$0.7°	<del></del>
COFFMAN, JAMES R 4816 CHARLES BENNETT DR.  JAY FLUE State St	_ ′	, c.c.	<b>├</b> ──¬			5. Certificate of Status Desired	7	
A	City & State			A				
28   29   29   29   29   29   29   29		Country	18 pp 20 - 16	Coun	try	<del></del>		
## COFFMAN, JAMES R ## 4916 CHARLES BENNETT DR.  ## 25 Street Address (P.O. Box Number is Not Acceptable)  ## City	4	25	29 37237	30			<sup>*</sup>	
COFFMAN, JAMES R 4816 CHARLES BENNETT DR.  JAX FL 32225  88    Ciry   FL   85   Zo Code  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of develors. I hereby accept the appointment as registered agent. I am familiar with a purpose of productions of the provision of the propose 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 develors. I hereby accept the appointment as registered egent. I am familiar with a 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 develors. I hereby accept the appointment as registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I am familiar with a purpose of changing its registered office or registered agent. I a		g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	agistered Agent	
### 4916 CHARLES BENNETT DR.  ### JAX FL 32225  ### ### Cry  ### ### Above named corporation submits this stelement for the purpose of changing its registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely, or both, in the State of Fiorica. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered office or registered agely.  #### 12.**  ### PO				1	Name			
JAX FL 32225    B4				1	32 Street Addi	ress (P.O. Box Number is Not Acceptable	e)	
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 agest, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agest, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agest. I am for the purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered office or support and a purpose of changing its registered and a purpose of changing its registered office or support and a purpose or purpose of changing its registered and a purpose of changing its registered office or support and a purpose or purpose of changing its registered and a purpose or purpose of changing its registered and a purpose or purpose or purpose of c				1	33			
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 Fixindia. Such change was authorized by the corporation's board of divectors. I hereby accept the appointment as registrated agent. I am provided agent agent agent agent agent agent agent agent agent. I am provided agent agent agent agent agent agent agent agent agent. I am provided agent ag				1	34 City		FL 85	Zip Code
LUCEY, BONNIE   12 NAME   13 STREET ADDRESS   P.O. BOX 11494 N/A   13 STREET ADDRESS   14 CITY-ST-ZIP	12.	OFFICERS AN	ND DIRECTORS	13.				
STREET ADDRESS			☐ DETEIF				☐ Change	Addition
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NAME   COFFMAN, JAMES R.   22 NAME   23 STREET ADDRESS   A816 CHARLES BENNETT DR.   23 STREET ADDRESS   24 CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·				<del></del>	☐ Change	- Addition
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NAME   COFFMAN, SHARON   32 NAME   33 STREET ADDRESS   4816 CHARLES BENNETT DR.   33 STREET ADDRESS   34 CITY-ST-ZIP   JACKSONVILLE FL   34 CITY-ST-ZIP	CITY -ST - ZIP			2 4 CIT	r - S1 - ZIP			
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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 12 if changed, or on any trachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-743-0110