

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P93000050582**

1. Corporation Name

SWEET MAGNOLIAS, INC.

Principal Place of Business

8258 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211
US

Mailing Address

P.O. BOX 11679
JAX FL 32239-1679
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27

City & State

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COFFMAN, JAMES R
4816 CHARLES BENNETT DR.
JAX FL 32225**

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	LUCEY, BONNIE		1.2 NAME
STREET ADDRESS	12036 HIDDEN HILLS DR		1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225		1.4 CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	COFFMAN, JAMES R.		2.2 NAME
STREET ADDRESS	4816 CHARLES BENNETT DR.		2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	COFFMAN, SHARON		3.2 NAME
STREET ADDRESS	12063 HIDDEN HILLS DR		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	LUCEY, MICHAEL		4.2 NAME
STREET ADDRESS	12036 HIDDEN HILLS DR		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32225		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

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 607, 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: *Bonnie R. Lucey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90050 043 ***150.00

0047388

CR2E034 (11/98)