

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000006568 (7)**

1. Corporation Name

MAGNOLIA PUBLISHING OF DESTIN, INC.



Principal Place of Business

Mailing Address

**114 PALMETTO STREET
SUITE 6
DESTIN FL 32541**

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SUITE 6
DESTIN FL 32541**

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **127 HWY 98 E**

26 **PO BOX 695**

4. FEI Number
59-3225891

Applied For
Not Applicable

22 **STE 11A & 12 A**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 **DESTIN, FLORIDA**

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 **32541**

Country

USA

29 **32540**

Country

USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERMANN, RICHARD P
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548**

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

Sign at the typed or printed name of registered agent and type name, date

(If Title Registered Agent signature requires when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D**
STREET ADDRESS **BLANKS, JANW**
CITY - ST - ZIP **127 HIGHWAY 98 EAST
DESTIN FL 32541**

1.1 TITLE Change Addition
1.2 NAME **PRESIDENT/CEO**
1.3 STREET ADDRESS **STRICKLAND, JANE BLANKS**
1.4 CITY - ST - ZIP **127 HWY 98 E STE 11A & 12A
DESTIN, FLORIDA 32541**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Jane Blanks Strickland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jane Blanks Strickland

04-04-96-6541436
DATE DATE FILED #

CR2E034 (12/95)