

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000004370 (9)

1. Corporation Name

MAGNOLIA PROPERTY MANAGEMENT, INC.



Principal Place of Business

3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS FL 32043

Mailing Address

3616 MAGNOLIA POINT BLVD.  
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

DUVAL, STEPHEN  
2301 PARK AVE.  
SUITE 402  
ORANGE PARK FL 32073

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

4. FEI Number

59-3305445

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

10. Name and Address of New Registered Agent

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 of the current registered agent and the applicable

2007 Registered Agent Signature required when re-stating

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE  DELETE

NAME: PVST HUNDT, PETER  
STREET ADDRESS: 3616 MAGNOLIA POINT BLVD.  
CITY-ST-ZIP: GREEN COVE SPRINGS FL 32043

11.2 TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11.3 TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11.4 TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11.5 TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11.6 TITLE  DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  Change  Addition

NAME: PVT Hundt, Peter  
STREET ADDRESS:  
CITY-ST-ZIP:

13.2 TITLE  Change  Addition

NAME: Hundt, Uwe  
STREET ADDRESS: 3616 Magnolia Point Blvd.  
CITY-ST-ZIP: Green Cove Springs FL 32043

13.3 TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13.4 TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13.5 TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13.6 TITLE  Change  Addition

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this report 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 officer 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

904 269 4600

Date

Display Phone #

CR2E034 (12/95)