

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

**FILED**  
**Feb 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000004370 (9)**  
 1. Corporation Name  
**MAGNOLIA PROPERTY MANAGEMENT, INC.**



Principal Place of Business <b>3616 MAGNOLIA POINT BLVD.                  GREEN COVE SPRINGS FL 32043</b>	Mailing Address <b>3616 MAGNOLIA POINT BLVD.                  GREEN COVE SPRINGS FL 32043</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/18/1995</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
4. FEI Number <b>59-3305445</b>		Applied For		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. <b>\$5.00 May Be Added to Fees</b>		9. Name and Address of Current Registered Agent	

9. Name and Address of Current Registered Agent  
**DUVAL, STEPHEN  
 2301 PARK AVE.  
 SUITE 402  
 ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

B1 Name <b>Dail A. Taylor</b>	B2 Street Address (P.O. Box Number is not acceptable) <b>100 South Park Blvd, # 414</b>	B3	B4 City <b>St. Augustine</b>	B5 State <b>FL</b>	B6 Zip Code <b>32086</b>
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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 *Dail A. Taylor* **DAIL A. TAYLOR** **2/14/98**  
Signature typed or printed name required when reappointing. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVT</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNDT, PETER</b>	
STREET ADDRESS	<b>3616 MAGNOLIA POINT BLVD.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HUNDT, URSULA</b>	
STREET ADDRESS	<b>3616 MAGNOLIA POINT BLVD.</b>	
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: *Peter G. Hundt* **Peter G. Hundt** **2-13-98** **904 269 4600**

CR2E034 (10/97)