PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073359

1. Corporation Name MAGNOLIA ESTATES DEVELOPMENT, INC.

Principal Place of Business	Mailing Address			
9551 BAYMEADOWS ROAD	9551 BAYMEADOWS ROAD			
SUITE 4	SUITE 4			
JACKSONVIL E FL 32256	JACKSONVILLE FL 32256			
US	US			

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90046 018 ***150.00



SUITE 4 JACKSONVILLE	SUITE 4				DO	NOT WRITE IN TH	S SPACE	
US US	FL 32230	US			3. Date Incorporated or Qualifed			
00		00			09/22/1995			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Nu nber			pp ied For
	lace of Business				59-3343824		⊢	ot Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			39-004-0024			Ac ditional
22	#, e tc.	27			5. Certificate of Status I	Desired	¥	equired
City & Stat	e	City & State			6. Election Campaign F	inancing	\$5.00	May Be
23		28			Trust F and Contribut	ion	Added	to Fees
Zip	Coun ry	Zip	Country		8. This corporation owe	s the current year I	ntangible	
24	25	29 3	0		Personal Property Tax.			[]No
	9. Name and Address of Current	Registered Agent			10. Name and Address	of New Registere	1 Agent	
			81	Name				
STO	KES, CHESTER E JR.		82	Ctroot A	ddress (P.O. Box Number is N	ot Acceptable)		
9551	BAYMEADOWS ROAD		02	Street At	diless (P.O. Box Nulliber is In	ot Acceptable)		
SUIT	E 4		83	<u> </u>				
JACI	KSONVILLE FL 32256							<u></u>
			84	City		F	85 Zip	Code
44 5	to the provisions of Sections 607.0502	and 607 1509 Florida Statutos	the above	named o	concration submits this stateme		_	s registered
office or r	egistered agent, or both, in the State o	r Florida Such change was autl	norized by	the corpor	ation's board of directors. I her	eby accept the app	pintment as r	egistered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes					
SIGNATURE								i
	Signature, typed or printed name of registered agent		<u> </u>	nt signature req	u red when reinstating)	DATE	ND DIDECT	OFF IN 12
12.	OFFICERS AND		13.		ADDITIC NS/CHANGE	S 10 OFFICERS A	Change	Addition
TITLE	DP	☐ DELETE	11TITLE				Change	Addiedit
NAME	STOKES, CHESTER E JR.		1.2 NAME					1
STREET ADORE IS	9551 Baymeadows Road, Su	JITE 4	13 STREE	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		1.4 CITY-S	T-ZIP				
TITLE	V □ DELETE 2		2.1 TITLE				Change	☐ Addition
NAME	BERGMANN, THOMAS C.		22 NAME	}				
STREET ADORE IS	9551 BAYMEADOWS ROAD, SUI	ľľE 4	2.3 STREE	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		2. 4 CITY-5	ST-ZIP				
TITLE	V	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	BRAREN, MICHAEL E.		3.2 NAME	1				
STREET ADDRESS		ITE A		T ADDRESS				
	-	IIL 4	3.4. CITY- 5					
CITY-ST-ZIP TITLÉ	JACKSONVILLE FL 32256	☐ DELETE	4.1 TITLE	z i 40			Change	Addition
	VALLACE A DENICE		4. 2 NAME				_ ,	_
NAME	WALLACE, L. DENISE	TP 4		* +000500				
STREET ADDRE'S	9551 BAYMEADOWS ROAD, SUI	IIE 4		TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256	□ per ete	4.4 CITY-S	T-ZIP	1/		Change	Addition
TITLE	V	☐ DELETE	5 1 TITLE	1	V-7		Change	☐ Addition
NAME	FREDENHAGEN, SHARON W.		5.2 NAME					
STREET ADDRE S	9551 BAYMEADOWS ROAD, SU	JITE 4		TADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		5.4 CITY- S	T-ZIP				
TITLE	S	☐ DELETE	6.1 TITLE	J			Change	☐ Addition
NAME	HICE, SHERRY		62 NAME					
STREET ADDRESS		JITF 4	6.3 STREE	TADDRESS				
CITY OT 7/D	IACKSCANTILLE EL 222ES		6.4 CITY-S	T-ZIP				

14. 1 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 recuired 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: _

Sherry Hice

4/23/99

904/739-2249