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FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000089839 (1)
 1. Corporation Name
SWEET MAGNOLIA INN, INC.

Principal Place of Business: **803 PORT LEON DR ST MARKS FL 32355**
 Mailing Address: **PO BOX 335 ST MARKS FL 32355-0335**



2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)

3. Date incorporated or Qualified: **01/01/1996**
 3a. Date of Last Report
 4. FEI Number: **59-3357386**
 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

9. Name and Address of Current Registered Agent
CAMPBELL, KENNETH R
88 LYNN CIRCLE
ST MARKS FL 32355
P.O. Box 266
803 Port Leon DR

10. Name and Address of New Registered Agent (81-85)

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: *Kenneth R. Campbell* (4-21-97)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Kenneth R. Campbell	
STREET ADDRESS	P.O. Box 266 803 Port Leon DR	
CITY-ST-ZIP	St. Marks, FL 32355	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	Mary Ann Campbell	
STREET ADDRESS	P.O. Box 266 803 Port Leon DR	
CITY-ST-ZIP	St. Marks, FL 32355	
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 do 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 my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: *Kenneth R. Campbell* (4-7-97) *704 925-7670*

CR2E034 (9/96)