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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014247 (6)

MAGNOLIA ROBINSON MANAGEMENT, INC.

FILED Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 105 E. ROBINSON P.O. BOX 3628 SUITE 201 ORLANDO FL 32802-3628 ORLANDO FL 32801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3366556 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ALLEN, THOMAS R 105 E. ROBINSON STREET 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 201** ORLANDO FL 32801 83 84 Zip Code FI 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, lyped or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition ALLEN, THOMAS R NAME 1.2 NAME 105 E. ROBINSON, SUITE 201 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition LANG, THOMAS F NAME 2.2 NAME 105 E. ROBINSON, SUITE 201 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 2. 4 CITY - ST - 7/P DELETE TITLE 3.1 TITLE ☐ Change Addition MORRISON, ROBERT W NAME 3.2 NAME 105 E. ROBINSON, SUITE 201 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition CUROTTO, DONALD NAME 4. 2 NAME 105 E. ROBINSON, SUITE 201 STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 informatic 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 endowered 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:

1/16/98 407 /422-8250

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