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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020870 (7)

THE MAGNOLIA TREE, INC.

Principal Place of Business
12211 NOREAST LAKE DRIVE

Mailing Address

12211 NOREAST LAKE DRIVE TAMPA FL 33612-4072

FILED May 06 1997 8:00am Secretary of State



TAMPA FL 3361	12		TAMPA FL 33612-407	2						
						03/06/1996		ate of Las E 心。	e of Last Report	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	··········		Applied For	
21			26			4. FELNumber Applied 59-3360076 Not App			Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State 23			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Count 25	ſy	Zip 29	30 Co.	intry	,	8. This corporation has liability for Florida Statutes	intangible ¶ Yes [r s. 199.032,
	9. Name and Addr	ess of Current F	Registered Agent				10. Name and Address of New Re	gistered .	Agent	
GRIF	FIN, LINDA S				B1	Name				
1455 COURT STREET					82	Street Ac	idress (P.O. Box Number is Not Acceptate	ole)		
CLEA	ARWATER FL 34616							··		
					83					
					84	City		FL	85 Z	ip Code
11. Pursuant office or ragent. La	to the provisions of Sec registered agent, or bot am familiar with, and ac	tions 607.0502 a h, in the State of cept the obligation	and 607.1508, Florida t Florida Such change ons of, Section 607.050	Statutes, the a was authorize 05, Florida Sta	bove d by tutes	e-named co the corpo	orporation submits this statement for the pration's board of directors. I hereby acceptation's	ourpose of ot the app	changin ointment	g its registered as registered
SIGNATURE										
	Signative typed or printed nam	c of registered agent a DEFICERS AND I			d Age	nt signature re	quired when reinstating)	DATE	DIDECT	ODC IN 10
12.	D	DEFICERS AND L	DELET	13. E 1,1 Ti	TLE		ADDITIONS/CHANGES TO OFFIC	ENS ANL	Chang	
NAME	TINTERA, ELAINE		O.C.C.	1.2 N					ر درد	,
STREET ADDRESS	12211 NOREAST L	AKE DRIVE				ADDRESS				
City-S1-ZiP	TAMPA FL 33612	rate order				T-ZIP				
TITLE	D	······································	DELET			11-5"			Chang	e Addition
NAME	BRANKLEY, ELLEN			2.2 N						,
STREET ADDRESS	12211 NOREAST L					ADDRESS				
CITY-S1-ZIP	TAMPA FL 33612			2.40	aty-9	ST - ZIP				
TITLE			DELET						☐ Chan	e Addition
NAME				32 N	AME			**		
STREET ADDRESS				338	TREET	ADDRESS				
CITY - S1 - ZiP				34.0	TY-S	ST-ZIP				z
TITLE			☐ DELET	E 4.1 T	TLE				☐ Chang	e 🔲 Addition
NAME				4.21	IAME		•			
STREET ADDRESS	}			4.3 S	TAEET	ADDRESS				
CHTY - ST- ZIP					ITY-S	T-ZIP				
TITLE			DELET	E 5.1 T	TLE				Chan	ge 🔲 Addition
NAME			:	5.2 N	AME	j				
\$1REET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-SI-ZIP					ITY - S	T-ZIP				
TITLE			☐ DELET	É 6.1 T	TLE				☐ Chán	ge Addition
NAME				62 N		Í				
STREET ADDRESS				6.3 S	TREET	ADDRESS				
CITY - \$1 - 20°				6.4 C	ITY-S	T-21P				

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 that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

CLUM DIMMESTATE EILLI
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97 813-9.