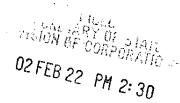
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	P970000500	54:
4 Entity Name	10, 100000	

Magnolia Capital Advisors, INC.



DO NOT WRITE IN THIS SPACE

2. Principal P 215 S	ace of Business outh Monroe S	3. Mailing Addresstreet 215 Sou		oe Street	N 62 110	00	
Suite, Apt. #.etc. Suit te 835		35		01-02:08			
City & State Tallahassee, FL City & State Tallahassee		ssee, Fl		4. FEI Number 59-3452037	Applied For Not Applicable		
Zip 32301	Country USA	Zip 32301	Coun US2			8.75 Additional ee Required	
7. Name and Address of Current Registered Agent							
				Name Don Reinhard			
DO NOT WRITE				Street Address (P.O. Box Number is Net Acceptable)			
IN THIS SPACE				Suite 835			
				City Tall	ahassee FL	Zin Code 3 2 3 0 1	
8. The above	named entity submits this sta	atement for the purpose of char	nging its registere	ed office or registere	ed agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of reg	istered agent and title it applicable.	(NOTE: Registere	d Agent signature required v	when reinstating) DATE		
e:		V					
		er May 1, Fee i mended UBR i	s \$550.00 s \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.	OFFIC	ERS AND DIRECTORS		. <u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reinhard, Do 215 S. Monro Tallahassee	oe St.	N	· ·	2000050500 -03/06/02010 ****300.00	1220 043013	
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NAME STREET ADDRESS CITY-ST-ZIP			¥	i	IN THIS SPAC	E	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			H				

13. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental peport 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



MAGNOLIA CAPITAL MANAGEMENT

Investment Advisory Firm P97806050654

215 South Monroe Street, Suite 835, Tallahassee, FL 32301

phone 850. 201. 5000 fax 8

fax 850. 201. 5004

Don W. Reinhard

president

January 9, 2002

Affectments

Florida Department Of State Division of Corporations Post Office Box 6327 Tallahassee, FL-32314

To-Whom-It-May-Concern:

On December 27, 2001 we requested form 2001 UBR. We had not received the form and after reviewing our year-end checklist we noticed the form had not been sent to us. On our 2000 UBR form we notated a name and address of new registered agent. That document was submitted April 18, 2000. In addition to updating our 2000 UBR form with our new name and address of new registered agent we also submitted a Change of Address form on February 2, 2000.

At this time, we are submitting our 2001 UBR report and ask that you wave the \$550.00 fee and accept the fee of \$150.00. We also request that our address be updated in your system. The address is as follows:

Magnolia Capital Advisors, Inc. 215 South Monroe Street Suite 835 Tallahassee, FL 32301

Thank you for your assistance.

Sincerely

Don W. Reimhard President