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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF SYATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078312 (0) DOCUMENT #

STOKES-MAGNOLIA VENTURE, INC.

Principal Place of Business

4540 SOUTHSIDE BOULEVARD

Mailing Address

4540 SOUTHSIDE BOULEVARD SUITE 302

FILED May 14 1998 8:00am Secretary of State



SUITE 302 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 09/05/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 9551 BAYMEADOWS ROAD 26 9551 BAYMEADOWS ROAD Not Applicable 21 59-3502199 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE 4 SUITE 4 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be JACKSONVILLE FL JACKSONVILLE FL 23 Trust Fund Contribution Added to Fees Zip Country Zip Country a. This corporation owes or has paid the current year Intangible 29 32256 Personal Property Tax due June 30. 24 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HURST. CHRISTOPHER J STOKES, E CHESTER JR
Street Address (P.O. Box Number is Not Acceptable)
9551 BAYMEADOWS RD SUITE 4 4540 SOUTHSIDE BOULEVARD 82 SUITE 302 83 JACKSONVILLE FL 32216 JACKSONVILLE 84 Zip Code 32256 502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the prov office or registered a E. CHESTER STOKES, JR. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE X DELETE Change x Addition 1.1 TITLE HURST, CHRISTOPHER J STOKES, E CHESTER JR NAME 1.2 NAME 4540 SOUTHSIDE BOULEVARD, SUITE 302 9551 BAYMEADOWS ROAD SUITE 4 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP 1.4 CITY - ST - ZIP JACKSONVILLE FL 32256 DELETE Change Addition TITLE 2.1 TITLE BERGMANN, THOMAS C 2.2 NAME 9551 BAYMEADOWS ROAD SUITE 4 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE X Addition 3.1 TITLE BRAREN, MICHAEL E NAME 3.2 NAME 9551 BAYMEADOWS ROAD SUITE 4 STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change X Addition TITLE 4.1 THLE NAME 4. 2 NAME WALLACE, L DENISE 9551 BAYMEADOWS ROAD SUITE 4 STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 4.4 CITY - ST- 2IP * Addition DEL ETE Change TITLE 5.1 3(TLE FREDENHAGEN, SHARON W NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4 CITY-ST-ZIP 5.4 CITY - ST - ZIP JACKSONVILLE FL 32256 DELETE Change X Addition TITLE 61 TITLE HICE, SHERRY NAME 62 NAME STREET ADORESS 63 STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256 CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. Thereby 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. 1. /1 5 /00