

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 032 ***150.00

DOCUMENT # P97000078312

1. Corporation Name

STOKES-MAGNOLIA VENTURE, INC.

Principal Place of Business

9551 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32256
US

Mailing Address

9551 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32256
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3502199

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

STOKES, E C JR
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME STOKES, E C JR
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE V
NAME BERGMANN, THOMAS C
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE V
NAME BRAREN, MICHAEL E
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE V
NAME WALLACE, L D
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VT
NAME FREDENHAGEN, SHARON W
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE S
NAME HICE, SHERRY
STREET ADDRESS 9551 BAYMEADOWS ROAD SUITE 4
CITY-ST-ZIP JACKSONVILLE FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Wallace, L Denise

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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Hice

Sherry Hice

4/23/99

904/739-2249

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)