2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # P98000022071 Mar 28, 2000 8:00 am **Secretary of State** MAGNOLIA INVESTMENTS OF TALLAHASSEE, INC. 03-28-2000 90078 014 ***150.00 Principal Place of Business Mailing Address 3120 O'BRIEN DRIVE 3120 O'BRIEN DRIVE TALLAHASSEE FL 32308-2753 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3497973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAWS, SONYA K ESQ. Street Address (P.O. Box Number is Not Acceptable) 3838 KILLEARN CT TALLAHASSEE FL 32308 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, ☐ Change ☐ Addition STVD TITLE TITLE ☐ Delete ROBERTS, STEPHEN N NAME NAME STREET ADDRESS STREET ADDRESS 3120 O'BRIEN DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Addition Change ☐ Delete TITLE TITLE DAWS, STEPHEN C NAME NAME P.O. Box 13677 STREET ADDRESS STREET ADDRESS 338 THORNBERG DRIVE CITY-ST-ZIP *3*2317 CITY-ST-ZIP TALLAHASSEE FL 32312 · Change = TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if