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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

 $\overline{(4)}$

MAGNOLIA CASKET COMPANY



Principal Place of		Mailing Address P. O. BOX 40105					
4560 LENOX A		JACKSONVILLE FL	32203-0105				
JACKSONVILLE FL 32205 US		us		3. Date Incorporated or Qualified	3a. Date of 1	01/1995	
Dississi Disso	of Business	2a. Mailing Address			4. FEI Number 59-3087121		Applied For
Principal Place	9 OF BUSINESS	26			59-3087121		Not Applicat
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	` _□ \$	8.75 Additional
- , ,		27					Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
<u> </u>		28	Cour	otre	8. This corporation has liability for		
Zip	Country	Zip	30	i iii y	Florida Statutes	⊠ No	
	9. Name and Address of Currer	1 1	1901		10. Name and Address of New F	legistered Age	nt
	5, 144			B1 Name			
	rs, debbie J.	82 Street A		82 Street Add	ddress (P.O. Box Number is Not Acceptable)		
	NOX AVENUE						
- SUITE 13A-P			ì	83			
JACKSO	NVILLE FL 32205			84 City		FL. 8	5 Zip Code
					oration submits this statement for the pu		an its registered a
2.	OFFICERS AN	1D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		RECTORS IN 12 Change
	griature, typed or printed name of registured agen	ID DIRECTORS		l Agent signature requi	ADDITIONS/CHANGES TO OFF	ICERS AND DIF	RECTORS IN 12
LE	DP	☐ DELETE	111	TITLE			hange [_] Additi
ME	DRIGGERS, DEBBIE J.		1.2 N	AME			
REET ADDRESS	4560 LENOX AVENUE			TREET ADDRESS			
TY S1-ZIP	JACKSONVILLE FL	DEFEIC	1.4 0	ITY-ST-ZIP		П	Change
TY S1-ZIP	JACKSONVILLE FL	DELETE	1.4 C 2. 1 T	TITY-ST-ZIP			Change Additi
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red hereby certify that the information supplied with this tiling is voluntarily turnished and does not qualify for the exemption stated in Section 119.0/(3)(k), 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 Thanged, or on an attachment with an address.