FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000083295 (2)**

1. Corporation Name

NET MAGIC, INC.

Principal Place of Business	Mailing Address
1887 S. 14TH STREET FERNANDINA BEACH FL 32034	1887 S. 14TH STREET FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: **10/31/1995**

3a. Date of Last Report:

4. FEI Number: 59-3340558 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 874 US Hwy 17 North	26 874 US Hwy N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, State 23 Yulee Florida	City, State 28 Yulee Florida
Zip 24 32097 Country 25 USA	Zip 29 32097 Country 30 USA

9. Name and Address of Current Registered Agent

LAYLAND, ROBERT
1887 S. 14TH STREET
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name: Robert Layland
82 Street Address (P.O. Box Number is Not Acceptable): 874 Hwy 17 North
83
84 City: Yulee FL 85 Zip Code: 32097

11. Pursuant to the provisions of Section 607.0502 or 1.607.1508, Florida Statutes, the above name a 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: Robert C Layland 4-16-96
(Signature of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	LAYLAND, ROBERT		12 NAME	
STREET ADDRESS	1887 S. 14TH STREET		13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LAYLAND, KIMM		22 NAME	
STREET ADDRESS	1887 S. 14TH STREET		23 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LAYLAND, MICHAEL		32 NAME	
STREET ADDRESS	1887 S. 14TH STREET		33 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		34 CITY-ST-ZIP	
TITLE	GENERAL MANAGER	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TONY WHITEN		42 NAME	
STREET ADDRESS	874 US Hwy 17 North		43 STREET ADDRESS	
CITY-ST-ZIP	Yulee FL 32097		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, complete and 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 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.

SIGNATURE: Robert C. Layland 4-16-96 904 261 8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone Number)