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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
874 US HIGHWAY 17 NORTH YULEE FL 32097 US	874 US HIGHWAY 17 NORTH YULEE FL 32097-2820 US

3. Date Incorporated or Qualified: 10/31/1995
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21 1887 S 14th Street
Suite, Apt. #, etc.
22
City & State
23 FERNANDINA BCH, FL
Zip 24 32034 Country 25

2a. Mailing Address
26 1887 S. 14th ST
Suite, Apt. #, etc.
27
City & State
28 FERNANDINA BCH, FL
Zip 29 32034 Country 30

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

9. Name and Address of Current Registered Agent

LAYLAND, ROBERT
874 HIGHWAY 17TH NORTH
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name: JOHN CASCONE
82 Street Address (P.O. Box Number is Not Acceptable): 101 Centre Street
83
84 City: FERNANDINA BCH FL 85 Zip Code: 32034

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: John Cascone 3/22/97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	Chief Executive Officer	☐ Change ☐ Addition
NAME	LAYLAND, ROBERT		1.2 NAME	LAYLAND, MICHAEL	
STREET ADDRESS	1887 S. 14TH STREET		1.3 STREET ADDRESS	1887 S. 14th STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034	
TITLE	D	☑ DELETE	2.1 TITLE	Chief Operating Officer	☐ Change ☑ Addition
NAME	LAYLAND, KIMM		2.2 NAME	RAWLS, STEVE	
STREET ADDRESS	1887 S. 14TH STREET		2.3 STREET ADDRESS	1344 AUTUMN TRACE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☑ Addition
NAME	LAYLAND, MICHAEL		3.2 NAME	CASCONE, JOHN	
STREET ADDRESS	1887 S. 14TH STREET		3.3 STREET ADDRESS	P.O. Box 1852 Secretary	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		3.4 CITY-ST-ZIP	FERNANDINA BCH, FL 32034 (N/A)	
TITLE	GM	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHIRLEY, TONY		4.2 NAME		
STREET ADDRESS	874 US HWY 17 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Michael Layland 3-22-97 904-261-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #