

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

001478

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90072 024 ***150.00

DOCUMENT # P95000083295

1. Corporation Name
NET MAGIC, INC.

Principal Place of Business
**1887 S. 14TH ST.
FERNANDINA BEACH FL 32034
US**

Mailing Address
**1887 S. 14TH ST.
FERNANDINA BEACH FL 32034
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/31/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASCONI, JOHN
101 CENTRE ST.
FERNANDINA BEACH FL 32034**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **LAYLAND, MICHAEL**
STREET ADDRESS **1887 S. 14TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **CHARLES J. MARINO**
1.3 STREET ADDRESS **111 SPRING HILL CT.**
1.4 CITY-ST-ZIP **KINGSLAND, GA 31548**

TITLE **VP** ☐ DELETE
NAME **RAWLS, STEVE**
STREET ADDRESS **1344 AUTUMN TRACE**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **GORDON R. REILLY**
2.3 STREET ADDRESS **1287 AVONDALE AVE.**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE **D** ☐ DELETE
NAME **LAYLAND, MICHAEL**
STREET ADDRESS **1887 S. 14TH STREET**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

3.1 TITLE **DIRECTOR** ☐ Change ☐ Addition
3.2 NAME **RAWLS, STEVE**
3.3 STREET ADDRESS **1344 AUTUMN TRACE**
3.4 CITY-ST-ZIP **FERNANDINA BEACH, FL**

TITLE **S** ☐ DELETE
NAME **REILLY, GORDON R**
STREET ADDRESS **1287 AVONDALE AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE **D** ☐ DELETE
NAME **WESTBERRY, WYMAN B**
STREET ADDRESS **911 DILWORTH ST**
CITY-ST-ZIP **ST MARY'S GA 31558**

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

TITLE **ROBERT E. SPANGLE (DIRECTOR)** ☐ DELETE
NAME **3798 1ST AVENUE**
STREET ADDRESS **FERNANDINA BEACH, FL 32034**
CITY-ST-ZIP **32034**

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

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

SIGNATURE:

GORDON R. REILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/04/99 **(912) 673-6000**

CR2E034 (11/98)