

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90008 024 ***150.00

DOCUMENT # F63327

1. Corporation Name

MAGNUSON INDUSTRIES, INCORPORATED

Principal Place of Business

C/O JOHN KOULIANOS CPA
36410 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address

C/O JOHN KOULIANOS CPA
36410 US HWY 19 N
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1982

4. FEI Number

59-2155680

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

21 1200 S. PINELLAS AVE.
Suite, Apt. #, etc.

2a. Mailing Address

26 1200 S. PINELLAS AVE.
Suite, Apt. #, etc. **SUITE 9**

22 SUITE 9

City & State

23 TARPON SPRINGS, FL

Zip Country

24 34689 25 USA

27 TARPON SPRINGS, FL

City & State

28 34689 USA

Zip Country

29 30

9. Name and Address of Current Registered Agent

KOULIANOS, JOHN M
36410 US 19 N.
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

JOHN M. KOULIANOS

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINELLAS AVE.

83

SUITE 9

84

TARPON SPRINGS

FL

85 Zip Code

34689

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12.

OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **MAGNUSON, JERRY**

STREET ADDRESS **U.S. HIGHWAY 19, NORTH**

CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VD** ☐ DELETE

NAME **MAGNUSON, STUART**

STREET ADDRESS **3001 KISHWAUKEE STREET**

CITY-ST-ZIP **ROCKFORD IL**

TITLE **STD** ☐ DELETE

NAME **MAGNUSON, NANCY GOUGH**

STREET ADDRESS **3001 KISHWAUKEE STREET**

CITY-ST-ZIP **ROCKFORD IL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)