

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 # **K38346** (8)

1. Corporation Name

MAGIC JEANNE CORPORATION



Principal Place of Business

Mailing Address

**C/O JOE JULIAN HAND
ROUTE 4 BOX 159
WESTVILLE FL 32464**

**C/O JOE JULIAN HAND
ROUTE 4 BOX 159
WESTVILLE FL 32464**

3. Date Incorporated or Qualified
10/12/1988

3a. Date of Last Report
07/10/1995

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAND, JOE JULIAN
ROUTE 4 BOX 159
WESTVILLE FL 32464**

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 date of appointment

Print Name and Signature of Agent Required When Registration

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D HAND, JOE JULIAN**
STREET ADDRESS **ROUTE 4, BOX 159**
CITY-STATE-ZIP **WESTVILLE FL**

TITLE ☐ DELETE
NAME **D HAND, JEANNE MARIE**
STREET ADDRESS **ROUTE 4, BOX 159**
CITY-STATE-ZIP **WESTVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY-STATE-ZIP

18 TITLE
19 NAME
20 STREET ADDRESS
21 CITY-STATE-ZIP

22 TITLE
23 NAME
24 STREET ADDRESS
25 CITY-STATE-ZIP

26 TITLE
27 NAME
28 STREET ADDRESS
29 CITY-STATE-ZIP

30 TITLE
31 NAME
32 STREET ADDRESS
33 CITY-STATE-ZIP

34 TITLE
35 NAME
36 STREET ADDRESS
37 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Signature Phone #

CR2E034 (12/95)