

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N40453** (5)

1. Corporation Name

**MAGIC DRUM AND BUGLE CORPS, INC.**



Principal Place of Business

Mailing Address

2732 GRANTHAM COURT  
ORLANDO FL 32835  
US

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ORLANDO FL 32835  
US

3. Date Incorporated or Qualified

10/19/1990

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2985544

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STODDARD, LINDA G. DVM	
STREET ADDRESS	HWY C 351 A	
CITY-ST-ZIP	CROSS CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, CARLETON	
STREET ADDRESS	641 BROOKSIDE ROAD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRAIG, WILL	
STREET ADDRESS	2732 GRANTHAM COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, TIMOTHY	
STREET ADDRESS	1675 BUENA VISTA DRIVE	
CITY-ST-ZIP	LAKE BUENA VISTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice President	
1.3 STREET ADDRESS	James Dash	
1.4 CITY-ST-ZIP	1637 E. Robinson St. Orlando FL 32835	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer	
2.3 STREET ADDRESS	Larry Lynch	
2.4 CITY-ST-ZIP	1675 Buena Vista Dr. Lake Buena Vista FL 32830	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	200001745212	
4.4 CITY-ST-ZIP	-03/15/96--01037--019	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	***\$61.25	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 617, 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

EXEC DIRECTOR-SECRETARY

Date

1/31/96

Daytime Phone #

(407)

294-3635

CR2E037 (12/95)