FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 APR 10 AM 11:54

TALL... FLORIDA

DOCUMENT # **N94000000650 (1)**

1. Corporation Name

LAVENDER MAGIC, INC.

Principal Place of Business	Mailing Address
3003 SE 35TH STREET GAINESVILLE FL 32641	3003 SE 35TH STREET GAINESVILLE FL 32641

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1994
3a. Date of Last Report:
4. FEI Number: 593224797 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BARRON, MICHAEL
3003 SE 35TH STREET
GAINESVILLE FL 32641

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCGLONE, KATHLEEN	12 NAME	
STREET ADDRESS	3930 SE 14TH TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, ROSALIE	22 NAME	
STREET ADDRESS	5147 SW 9th Lane	23 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, 32607	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☑ Addition
NAME	BARRON, MICHAEL	32 NAME	
STREET ADDRESS	3003 SE 35TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☑ Addition
NAME	WHITE, BEVERLY	42 NAME	
STREET ADDRESS	1610 NE 16TH PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32609	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☑ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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****130.00 ****130.00

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ President 4/9/95 (904) 378-4526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0090133