

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000000650 (1)

1. Corporation Name

LAVENDER MAGIC, INC.

Principal Place of Business

3003 SE 35TH STREET  
GAINESVILLE FL 32641

Mailing Address

3003 SE 35TH STREET  
GAINESVILLE FL 32641



100001859231  
-06/12/96--01020--032

\*\*\*61.25

3. Date Incorporated or Qualified  
02/01/1994

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.  
P O Box 5432

22

City & State  
Gainesville, FL

23

Zip  
32602

Country  
Alachua

2a. Mailing Address

26

Lavender Magic

27

Suite, Apt. #, etc.  
P O Box 5432

28

City & State  
Gainesville, FL

29

Zip  
32602

Country  
Alachua

4. FEI Number

59-3224797

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

BARRON, MICHAEL  
3003 SE 35TH STREET  
GAINESVILLE FL 32641

10. Name and Address of New Registered Agent

81

Name

Gloria K Sapp

82

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

P.O. Box 394

83

84

City

Stark e

FL

85

Zip Code

32091

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

*Gloria K Sapp* PD: Gloria K. Sapp

(NOTE: Registered Agent signature required when re-registering)

DATE 05/10/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGLOONE, KATHLEEN	
STREET ADDRESS	3930 SE 14TH TERRACE	
CITY - ST - ZIP	GAINESVILLE FL 32641	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROSALIE	
STREET ADDRESS	5147 SW 9TH LANE	
CITY - ST - ZIP	GAINESVILLE FL 32607	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARRON, MICHAEL	
STREET ADDRESS	3003 SE 35TH STREET	
CITY - ST - ZIP	GAINESVILLE FL 32641	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, BEVERLY	
STREET ADDRESS	1610 NE 16TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32609	
TITLE	MLD	<input checked="" type="checkbox"/> DELETE
NAME	LOCKWOOD, RHONDA	
STREET ADDRESS	201 E. MAIN STREET	
CITY - ST - ZIP	ARCHER FL 32618	
TITLE	MLD	<input checked="" type="checkbox"/> DELETE
NAME	ORIT SHECHTMAN	
STREET ADDRESS	1525 NE 34 PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32605	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria SAPP	
1.3 STREET ADDRESS	(P O BOX 394) U.S. 301 South	
1.4 CITY - ST - ZIP	STARKE, FL 32091	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATTY GETTARD	
2.3 STREET ADDRESS	550 NE 6TH AVE	
2.4 CITY - ST - ZIP	GAINESVILLE FL 32601	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATTI CARNUCCIO	
3.3 STREET ADDRESS	PO BOX 2012 216 Asta Ashley Lk Dr	
3.4 CITY - ST - ZIP	GAINESVILLE, FL 32602 Melrose, FL 32666	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROBYN FREEMAN	
4.3 STREET ADDRESS	13817 NW 112 AVE	
4.4 CITY - ST - ZIP	ALACHUA, FL 32615	
5.1 TITLE	MLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BECKIE DALE	
5.3 STREET ADDRESS	726 NW 34 PLACE	
5.4 CITY - ST - ZIP	GAINESVILLE, FL 32609	
6.1 TITLE	MLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHRISTY HORSBURGH	
6.3 STREET ADDRESS	501 NW 32 AVE	
6.4 CITY - ST - ZIP	GAINESVILLE FL 32606	

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:

*Robyn Freeman* ROBYN FREEMAN

5-12-96

(904) 462-3791

CR2E037 (12/95)