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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N94000000650

1. Corporation Name

LAVENDER MAGIC, INC.

Principal Place of Business

PO BOX 5932
GAINESVILLE FL 32602

Mailing Address

PO BOX 5932
GAINESVILLE FL 32602



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip 32627 25 Country

24 32627 25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip 32627 30 Country

3. Date Incorporated or Qualified

02/01/1994

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

9. Name and Address of Current Registered Agent

DALE, BECKIE L
507 NW 19TH LANE
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name Gloria K Sapp

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

(PO Box 844) 5050 SE 135 St

83

84 City Starke

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME CARNICCIO, PATTI
STREET ADDRESS 216 ASTE ASHLEY LAKE DR
CITY-ST-ZIP MELROSE FL 32666

TITLE SD ☐ DELETE
NAME BOLDINT, JANE
STREET ADDRESS 805 NE 7TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE PD ☒ DELETE
NAME DALE, BECKIE
STREET ADDRESS 507 NW 19TH LN
CITY-ST-ZIP GAINESVILLE FL 32609

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
CARNICCIO, Patti

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

BOLDING, Jane

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
SAPP, Gloria
5050 SE 135 Street
Starke, FL 32091

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE:

Gloria K Sapp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/99

Date

352-955-3193

Daytime Phone #

0011964

CR2E037- (11/98)