

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000037698 (6)

1. Corporation Name

MAGICAL FARMS, INC.



Principal Place of Business

Mailing Address

~~5280 AVON LAKE ROAD~~  
~~APT 400~~  
~~CLEARWATER FL 34625~~

~~5280 AVON LAKE ROAD~~  
~~APT 400~~  
~~CLEARWATER FL 34625~~

2. Principal Place of Business

2a. Mailing Address

21 5280 Avon Lake Road

26 5280 Avon Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Litchfield, Ohio

28 Litchfield, Ohio

Zip

Country

Zip

Country

24 44253

25 U.S.A.

29 44253

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/21/1993

3a. Date of Last Report

06/28/1995

4. FET Number

59-3183704

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

10. Name and Address of New Registered Agent

THOMPSON, STUART A  
4501 TAMiami TRAIL N.  
SUITE 400  
NAPLES FL 33940

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FORSTNER, LIBBY

STREET ADDRESS ~~5280 AVON LAKE ROAD, APT 400~~

CITY - ST - ZIP ~~CLEARWATER FL~~

TITLE ☐ DELETE

NAME FORSTNER, GERALD C.

STREET ADDRESS ~~5280 AVON LAKE ROAD, APT 400~~

CITY - ST - ZIP ~~CLEARWATER FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7315 Branch Road  
Medina, Ohio 44256

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

7315 Branch Road  
Medina, Ohio 44256

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 in 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)