INV.D 4

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000070499 (7)**

1. Corporation Name
MAGIC TRUCKING SERVICES, INC.

Principal Place of Business
~~5095 L.B. MCLEOD RD~~
~~ORLANDO FL 32811~~

Mailing Address
~~PO BOX 616200~~
~~ORLANDO FL 32861-6200~~
~~US~~

3. Date Incorporated or Qualified: 10/04/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 8340 American Way
Suite, Apt. #, etc
22
City & State
23 Groveland, Fl.
Zip 24 34736 Country 25 LAKE USA

2a. Mailing Address
26 P.O. Bx 625
Suite, Apt. #, etc.
27
City & State
28 Groveland, Fl.
Zip 29 34736 Country 30 LAKE, USA

4. FEI Number: 59-3208157 — 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**
~~FULMER, BARBARA B~~
~~5095 L.B. MCLEOD RD~~
~~ORLANDO FL 32811~~

10. **Name and Address of New Registered Agent**
81 Name: Fulmer, Philip R.
82 Street Address (P.O. Box Number is Not Acceptable)
83 8000 Cherry Lake Rd.
84 City: Groveland FL 85 Zip Code: 34736

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 (Member or printed name of registered agent and title if applicable) (Only Registered Agent signature required after filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, BARBARA B	1.2 NAME	
STREET ADDRESS	8971 CHARLESTON PK	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, CYNTHIA F	2.2 NAME	
STREET ADDRESS	137 HARTINGTON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON AL	2.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, PHILIP R	3.2 NAME	
STREET ADDRESS	~~1010 PALADIN CT~~	3.3 STREET ADDRESS	8000 Cherry Lake Rd.
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	Groveland, Fl. 34736
TITLE	SEC ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, CARROLL A	4.2 NAME	
STREET ADDRESS	~~1005 DOBS AVE~~	4.3 STREET ADDRESS	14726 GORD NECK Dr.
CITY-ST-ZIP	~~ORLANDO FL~~	4.4 CITY-ST-ZIP	Montverde, Fl. 34756
TITLE	PRES ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, TIMOTHY A	5.2 NAME	
STREET ADDRESS	9239 WOODBREEZE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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 Date Daytime Phone #

CR2E034 (12/95)