FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000024321 (9)**

1. Corporation Name
MAJIK MANATEE, INC.

Principal Place of Business	Mailing Address
13451-16 MCGREGOR BLVD. FORT MYERS FL 33919	13451-16 MCGREGOR BLVD. FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: —

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

4. FEI Number: **65-0478718** ☐ 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

SCHILLING, MICHAEL L
13451-16 MCGREGOR BLVD.
FORT MYERS FL 33919

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
(Signature, type or print name of registered agent, and title if applicable) (Date) (Registered Agent's signature required if name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	1.1 Title	☐ Change ☐ Addition
NAME	SCHILLING, MICHAEL L	1.2 Name	
STREET ADDRESS	13451-16 MCGREGOR BLVD.	1.3 Street Address	
CITY-ST-ZIP	FT MYERS FL 33919	1.4 City-St-Zip	
TITLE	D	2.1 Title	☐ Change ☐ Addition
NAME	ASEN, MATTHEW	2.2 Name	
STREET ADDRESS	497 LAKE MUREX CIRCLE	2.3 Street Address	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 City-St-Zip	
TITLE	D	3.1 Title	☐ Change ☐ Addition
NAME	FOSTER, R. JAMES	3.2 Name	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	3.3 Street Address	
CITY-ST-ZIP	STUART FL 34996	3.4 City-St-Zip	
TITLE	D	4.1 Title	☐ Change ☐ Addition
NAME	FOSTER, KIPP	4.2 Name	
STREET ADDRESS	3754 S.E. OCEAN BLVD.	4.3 Street Address	
CITY-ST-ZIP	STUART FL 34996	4.4 City-St-Zip	
TITLE		5.1 Title	☐ Change ☐ Addition
NAME		5.2 Name	
STREET ADDRESS		5.3 Street Address	
CITY-ST-ZIP		5.4 City-St-Zip	
TITLE		6.1 Title	☐ Change ☐ Addition
NAME		6.2 Name	
STREET ADDRESS		6.3 Street Address	
CITY-ST-ZIP		6.4 City-St-Zip	

AA 3/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. Further I 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 attached sheet, with an address.

SIGNATURE: Michael L. Schilling 3-17-95 813-489-2226
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (Date) (Daytime Phone #)
MICHAEL L. SCHILLING