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 JAN 23 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000036000 (5)

1. Corporation Name
MAGIC MARKETING, INC.

Principal Place of Business	Mailing Address
1901 PARK FOREST BOULEVARD MT. DORA FL 32757	1901 PARK FOREST BOULEVARD MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 15519 us Hwy 441	26 15519 us Hwy 441
Suite, Apt. #, etc. 22 C-302	Suite, Apt. #, etc. 27 C-302
City & State 23 Eustis FL	City & State 28 Eustis FL
Zip / Country 24 32726 / 25 Lake	Zip / Country 29 32726 / 30 Lake

4. FEI Number: 59-3244951 ☐ 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

FULTZ, WILLIAM LEE
1901 PARK FOREST BOULEVARD
MT. DORA FL 32757

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☐ Change ☑ Addition
NAME	FULTZ, WILLIAM LEE	1.2 NAME	FULTZ, William Lee	
STREET ADDRESS	1901 PARK FOREST BOULEVARD	1.3 STREET ADDRESS	1901 Park Forest Blvd	
CITY-ST-ZIP	MT. DORA FL 32757	1.4 CITY-ST-ZIP	MT Dora FL 32726	
TITLE	D	2.1 TITLE	V/D	☐ Change ☑ Addition
NAME	FULTZ, DARLENE KAY	2.2 NAME	Fultz, Darlene Kay	
STREET ADDRESS	1901 PARK FOREST BOULEVARD	2.3 STREET ADDRESS	1901 Park Forest Blvd	
CITY-ST-ZIP	MT. DORA FL 32757	2.4 CITY-ST-ZIP	MT Dora FL 32726	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		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	$87 1/25	
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)(i), 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: Darlene K. Fultz Darlene K. Fultz 1/19/95 904-357-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0418297 FP