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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000036000 (5)

1. Corporation Name

MAGIC MARKETING, INC.



Principal Place of Business

15519 US HIGHWAY 441
C-302
EUSTIS FL 32726
US

Mailing Address

15519 US HIGHWAY 441
C-302
EUSTIS FL 32726-6577
US

2. Principal Place of Business

21 820 South Bay Street

2a. Mailing Address

26 820 South Bay Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Eustis FL

City & State

28 Eustis FL

Zip

24 32726

Country

25 USA

Zip

29 32726

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/05/1994

3a. Date of Last Report

03/14/1996

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

10. Name and Address of New Registered Agent

81 Name Darlene K. Fultz

82 Street Address (P.O. Box Number is Not Acceptable)
1901 PARK FOREST BLVD

83

84 City Mt. Dora

FL

85 Zip Code

32757

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 Darlene K. Fultz

President

4/17/97

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD ☒ DELETE

NAME FULTZ, WILLIAM L
STREET ADDRESS 1901 PARK FOREST BLVD
CITY-ST-ZIP MT DORA FL

1.2 TITLE VD ☐ DELETE

NAME FLUTZ, DARLENE K
STREET ADDRESS 1901 PARK FOREST BLVD
CITY-ST-ZIP MT DORA FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 352-357-2884

Date

Daytime Phone #

CR2E034 (9/96)