

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 # P95000021933 (3)

1. Corporation Name

PLANT MAGIC, INC.



Principal Place of Business

216 W LONGCREEK COVE
LONGWOOD FL 32750

Mailing Address

216 W LONGCREEK COVE
LONGWOOD FL 32750

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
03/17/1995

3a. Date of Last Report

4. FEI Number

59-3308108

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

DELUDE, EDWARD G
103 E LAUREN CT
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name

PHILIP A. CARLIN

82 Street Address (P.O. Box Number is Not Acceptable)

345 E. JTA 436

83

SUITE 101

84

FEAR PARK

FL

85 Zip Code

32730

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 and printed name of registered agent and the corporation

PHILIP A. CARLIN

DATE

1/19/96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT, S. D
NAME JANETTE COTTON
STREET ADDRESS 216 W. Longcreek Cove
CITY-ST-ZIP LONGWOOD FL 32750

TITLE VP, T, D
NAME PETER COTTON
STREET ADDRESS 216 W. Longcreek Cove
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

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

SIGNATURE:

JANETTE COTTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Day

407-834-0880

Daytime Phone #

CR2E034 (12/95)