

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90257 041 ***150.00

DOCUMENT # P95000023031

1. Corporation Name
GROUT MAGIC CORPORATION

Principal Place of Business
16170 ARAIA DR UNIT E
PUNTA GORDA FL 33955
US

Mailing Address
16170 ARAIA DR UNIT E
PUNTA GORDA FL 33955
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number
65-0603150

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 125 SACARANDA PKWY
Suite, Apt. #, etc.

26 P.O. BOX 984
Suite, Apt. #, etc.

22 City & State
23 CAPE CORAL FL

27 City & State
28 CAPE CORAL FL

24 Zip 33909 25 Country LEE

29 Zip 33910 30 Country LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYWOOD, DON HAYWARD DONALD
16170 ARAIA DR UNIT E 125 SACARANDA PKWY
PUNTA GORDA FL 33955 CAPE CORAL FL
33909

81 Name DONALD L. HAYWARD
82 Street Address (P.O. Box Number is Not Acceptable)
125 SACARANDA PKWY
83
84 City CAPE CORAL FL 85 Zip Code 33909

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTS
NAME HAYWARD, DON
STREET ADDRESS 125 SACARANDA PKWY
CITY-ST-ZIP 16170 ARAIA DR UNIT E CAPE CORAL FL
PUNTA GORDA FL 33955 33909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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

14. I 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)