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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070349 (2)

MAGNANT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Mar 27 1998 8:00am Secretary of State



12 PALM DRIVE 12 PALM DRIVE NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/12/1995 Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-3337319 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. Yes □ № Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name MAGNANT, PAULL F 12 PALM DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32169** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition MAGNANT, PAUL F NAME 1.2 NAME 12 PALM DRIVE STREET ADDRESS 1.3 STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition Magnant, Paul A NAME 2.2 NAME **1871 SHELBY TERRACE** STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Addition 3.1 TITLE MAGNANT, ADDIE M NAME 3.2 NAME 12 PALM DRIVE STREET ADDRESS 3.3 STREET ADDRESS **NEW SMYRNA BEACH FL 32169** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 supplience 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.