

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P96000068082**

1. Corporation Name

GMAG-II, INC.

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90010 012 ***558.75



Principal Place of Business

~~2061 SUNNYDALE BOULEVARD~~
~~CLEARWATER FL 34625~~

504 Walker Road
Safety Harbor, FL 34695

Mailing Address

~~2061 SUNNYDALE BOULEVARD~~
~~CLEARWATER FL 34625~~

504 Walker Road
Safety Harbor, FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

59-3393355

☒ 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.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, GARY M

~~2051 SUNNYDALE BOULEVARD~~
~~CLEARWATER FL 34625~~

504 Walker Road
Safety Harbor, FL
34695

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PATD** ☐ DELETE

NAME **MOON, BRYON M**
STREET ADDRESS **1919 ARLINGTON AVE**
CITY-ST-ZIP **DES MOINES IA**

TITLE **VPD** ☒ DELETE

NAME **MOON, MARC S**
STREET ADDRESS **608 GRANDVIEW DR**
CITY-ST-ZIP **DES MOINES IA**

TITLE **CEO** ☐ DELETE

NAME **MILLER, GARY M**
STREET ADDRESS **504 WALKER ROAD**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **D** ☐ DELETE

NAME **MILLER, ANDREW G**
STREET ADDRESS **6575 SPANISH MOSS CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **SASD** ☒ DELETE

NAME **PERFETTI, MICHAEL J**
STREET ADDRESS **971 NORTH RIDGE DR**
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

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

☒ Change ☐ Addition

OK 9218 GOODMAN CIRCLE
DES MOINES, IOWA 50322

☐ Change ☐ Addition

CEO T S

☒ Change ☐ Addition

Same

☐ Change ☐ Addition

OK

☐ Change ☐ Addition

☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-99

Date

727-777-8417

Daytime Phone #

CR2E034 (5/99)

0092979