

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED  
Apr 08 1996 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S12231 (4)  
1. Corporation Name  
AGNESIUM, INC.



Principal Place of Business Mailing Address  
309 STATE STREET 309 STATE STREET  
P. O. BOX 1609 P. O. BOX 1609  
BUNNELL FL 32110 BUNNELL FL 32110

3. Date Incorporated or Qualified 11/13/1990 3a. Date of Last Report 04/28/1995  
4. FEI Number 59-3036575 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUISENGA, JAMES  
309 STATE ST.  
BUNNELL FL 32110

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                    |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|--------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|--|
| TITLE                      | D                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | MUISENGA, JAMES    |                                 |  | 1.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             | 326 WELLINGTON DR. |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | PALM COAST FL      |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 2.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                    |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                    |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 3.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                    |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                    |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 4.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                    |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                    |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 5.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                    |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                    |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 6.2 NAME  |                                 |                                   |  |
| STREET ADDRESS             |                    |                                 |  | 6.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                    |                                 |  | 6.4 CITY-ST-ZIP                                       |                                 |                                   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] 1/22/95 904-437-3301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)