

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:27

DOCUMENT # S30947 (3)

1. Corporation Name

MAGNA, INC.

Principal Place of Business

300 SOUTH JOHN RODES BLVD
MELBOURNE FL 32904

Mailing Address

300 SOUTH JOHN RODES BLVD
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3050395

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

NOHRR, P.F.
100 RIALTO PLACE
SUITE 800
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

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)

Signature typed or printed name of registered agent and title (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GUDELIS, DRASUTIS
STREET ADDRESS 5125 NW 125TH ST POB 174
CITY ST ZIP LOWELL FL

TITLE O
NAME HUMMEL, CAROL A
STREET ADDRESS 300 S. JOHN RODES BLVD.
CITY ST ZIP MELBOURNE FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

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NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY ST ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY ST ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY ST ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY ST ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY ST ZIP

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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:

Carol A. Hummel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Hummel, 407-727-2265

1/6/95

Date

Signature Printed Name