

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H87775 (3)**

1. Corporation Name:  
**FLORIDA MIDDLE PROPERTIES, INC.**

Principal Place of Business: **205 S. HOOVER STREET TAMPA FL 33609**  
Mailing Address: **205 S. HOOVER STREET TAMPA FL 33609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/03/1985** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2623768** 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 § 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. City & State 28. City & State  
24. Country 29. Country 30. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HUGHEY, L.M.  
205 S. HOOVER STREET  
TAMPA FL 33609**

81. Name  
82. Street Address (P.O. Box Number is Not Accepted)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0100, and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent in both on the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am a person who is not the obligor of Section 607.0600 Florida Statutes.

SIGNATURE: \_\_\_\_\_ 12. Registered Agent Signature (required after registration) \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE: <b>CPD</b> 12.2 NAME: <b>HUGHEY, L.M.</b> 12.3 STREET ADDRESS: <b>205 S HOOVER STREET</b> 12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.1 TITLE: <b>VD</b> 12.2 NAME: <b>HURST, HARRY E.</b> 12.3 STREET ADDRESS: <b>205 S. HOOVER, STE. 400</b> 12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.1 TITLE: <b>SD</b> 12.2 NAME: <b>CARTER, SHIRLEY H.</b> 12.3 STREET ADDRESS: <b>205 S. HOOVER STREET</b> 12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.1 TITLE: <b>T</b> 12.2 NAME: <b>RAWLINS, WAMITA M.</b> 12.3 STREET ADDRESS: <b>205 S. HOOVER STREET</b> 12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.1 TITLE: <b>AST</b> 12.2 NAME: <b>BROWNE, J. DANFORTH</b> 12.3 STREET ADDRESS: <b>205 SOUTH HOOVER STREET</b> 12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY, ST, ZIP:
12.1 TITLE: 12.2 NAME: 12.3 STREET ADDRESS: 12.4 CITY, ST, ZIP:	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 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 199.032(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 in person. That I am an officer or director of the corporation or the receiver or trustee in possession of the corporation as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with my address.

SIGNATURE: *Mike Hughey* **Mike Hughey** **4/20/95** **(215) 286-2323**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pres.**