

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L62517 (2)

1. Corporation Name

MIDWAY MACHINE SALES, INC.

Principal Place of Business

%BETTY O'HALLORAN
3899 ULMERTON ROAD
CLEARWATER FL 34622

Mailing Address

%BETTY O'HALLORAN
3899 ULMERTON ROAD
CLEARWATER FL 34622



3. Date Incorporated or Qualified
03/30/1990

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0186748

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'HALLORAN, BETTY
3899 ULMERTON ROAD
CLEARWATER FL 34622

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

Betty O'Halloran

(NOTE: Registered Agent signature required when reinstating)

2/19/96

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
O'HALLORAN, BETTY
STREET ADDRESS
3899 ULMERTON ROAD
CITY-ST-ZIP
CLEARWATER FL

☐ DELETE

1.2 TITLE

NAME
O'HALLORAN, SUSAN
STREET ADDRESS
3742 39TH AVE N
CITY-ST-ZIP
ST PETERSBURG FL

☐ DELETE

1.3 TITLE

NAME
VILETA, LISA
STREET ADDRESS
5693 67TH AVE N
CITY-ST-ZIP
PINELLAS PARK FL

☐ DELETE

1.4 TITLE

NAME
HILLER, JOYCE
STREET ADDRESS
3400 46TH ST N
CITY-ST-ZIP
ST PETERSBURG FL

☐ DELETE

1.5 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.7 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Betty O'Halloran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 (813) 572-6663

Date

Daytime Phone

CR2E034 (12/95)