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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000093287 (8)**

1. Corporation Name
MIDDLETON, INC.

Principal Place of Business	Mailing Address
2290 B WEST AIRPORT BLVD. SANFORD FL 32771	2290 B WEST AIRPORT BLVD. SANFORD FL 32771-7211

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 02/12/1996

2. Principal Place of Business
21 1175 CENTRAL FLORIDA PKWY
Suite, Apt. #, etc.
22 STE 3000
City & State
23 LONGWOOD, FL
Zip 24 32750 Country 25 USA

2a. Mailing Address
26 P.O. BOX 677
Suite, Apt. #, etc.
27
City & State
28 DES MOINES IA
Zip 29 50303 Country 30 USA

4. FEI Number: 42-1131987 ☐ 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

BARNHORST, DAVID
2290 B WEST AIRPORT BLVD.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name: BARNHORST, DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 1175 CENTRAL FLORIDA PARKWAY #3000
83
84 City: LONGWOOD FL 85 Zip Code: 32750

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIDDLETON, LYLE D		1.2 NAME		
STREET ADDRESS	2124 VALLEY DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA 50321		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JANSS, RICHARD H		2.2 NAME		
STREET ADDRESS	2124 VALLEY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MALLY, MIKE		3.2 NAME		
STREET ADDRESS	2124 VALLEY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	BARNHORST, DAVID		4.2 NAME	BARNHORST, DAVID	
STREET ADDRESS	2290 B WEST AIRPORT BLVD.		4.3 STREET ADDRESS	1175 CENTRAL FLORIDA PARKWAY #3000	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Richard H Janss RICHARD H JANSS 4/21/97 515-288-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #