SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # S19367   **(9)**

1. Corporation Name
THE MIDDLETON CORPORATION OF MELROSE

Principal Place of Business
RT. 3, BOX 3050
MELROSE FL 32666

Mailing Address
RT. 3, BOX 3050
MELROSE FL 32666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/14/1990	07/12/1996

4. FEI Number	Applied For
59-3044440	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MIDDLETON, JOHN D.
RT. 3, BOX 3050
MELROSE FL 32666

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)   (NOTE: Registered Agent signature required when reinstating)   9/1/97   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE OP ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME MIDDLETON, JOHN D		1.2 NAME	
STREET ADDRESS 319 STATE ROAD 26		1.3 STREET ADDRESS	
CITY-ST-ZIP MELROSE FL		1.4 CITY-ST-ZIP	
TITLE OT ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME CAPONE, MARY ANN		2.2 NAME	
STREET ADDRESS 630 11TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 (4/97)

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.