

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000071617

**Entity Name:** MID-FLORIDA COMBINE INC

**Current Principal Place of Business:**

320 COUNTRY CIRCLE DRIVE EAST  
PORT ORANGE, FL 32128

**Current Mailing Address:**

320 COUNTRY CIRCLE DRIVE EAST  
PORT ORANGE, FL 32128 US

**FEI Number:** 46-3541551

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, DAVID LEE  
320 COUNTRY CIRCLE DRIVE EAST  
PORT ORANGE, FL 32128 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DAVID LEE SMITH

05/03/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SUAREZ, BERNARDO  
Address 12936 BROLEMAN RD  
City-State-Zip: ORLANDO FL 32832

Title DIRECTOR  
Name GUEST, JOSH  
Address 3801 STRAWBERRY LANE  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR  
Name BACON, DAVID  
Address 3240 MARY LANE  
City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR, PRESIDENT  
Name SMITH, DAVID LEE  
Address 320 COUNTRY CIRCLE DRIVE EAST  
City-State-Zip: PORT ORANGE FL 32128

Title DIRECTOR  
Name VINUELA, JASON  
Address 18113 LYNBROOK ROAD  
City-State-Zip: ORLANDO FL 32820

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SMITH , DAVID LEE

**DIRECTOR PRESIDENT**

05/03/2019

Electronic Signature of Signing Officer/Director Detail

Date