

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 08, 1996 08:00 AM
Secretary of State

DOCUMENT # **174461** (4)

1. Corporation Name

MIDWAY INDUSTRIES, INC.

Principal Place of Business

**730 OAK DRIVE (ZIP 34711)
P.O. BOX 120606
CLERMONT FL. 34712**

Mailing Address

**730 OAK DRIVE (ZIP 34711)
P.O. BOX 120606
CLERMONT FL. 34712**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/13/1953

3a. Date of Last Report

02/07/1995

4. FEI Number

59-6076810

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 **XX** Yes ☐ No

10. Name and Address of New Registered Agent

**MCCAFFREY, MARK L.
18900 COUNTY RD. 561
(P. O. BOX 120606, 34712)
CLERMONT FL 34711**

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 the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
SD
MCCAFFREY, P.
730 OAK DR.
CLERMONT FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
PD
MCCAFFREY, MARK L
18900 COUNTY ROAD 561
CLERMONT FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
D
MCCAFFREY, D. M.
730 OAK DR
CLERMONT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

SIGNATURE: **P. McCaffrey-Sec. & Dir.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96
Date

352-394-2135
Daytime Phone #

CR2E034 (12/95)