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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **280529** **(9)**

1. Corporation Name
THE HOUSE OF MIDULLA, INC.

Principal Place of Business	Mailing Address
4904 LYFORD CAY RD TAMPA FL 33629	1800 WHISPERING FOREST DR. 101 CHARLOTTE NC 28270-1343 US

3. Date Incorporated or Qualified: 04/16/1964
3a. Date of Last Report: 04/17/1996

2. Principal Place of Business
21 513 S. Florida Ave.
22 Suite, Apt. #, etc.
23 City & State: TAMPA, FL.
24 Zip: 33602
25 Country: USA

2a. Mailing Address
26 8206 Providence Rd.
27 Suite, Apt. #, etc.: Suite 1200-384
28 City & State: Charlotte, NC
29 Zip: 28277
30 Country: USA

4. FEI Number: 59-1061701 ☐ 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

MIDULLA, JOSEPH, JR
4904 LYFORD CAY RD
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name: Joseph Midulla
82 Street Address (P.O. Box Number is Not Acceptable): 2611 BAYSHORE BLVD.
83 #1401
84 City: TAMPA FL 85 Zip Code: 33629

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: Joseph Midulla Joseph Midulla 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	☑ Change ☐ Addition
NAME	MIDULLA JR,JOSEPH D		1.2 NAME	Midulla JR. Joseph D.	
STREET ADDRESS	4904 LYFORD CAY ROAD		1.3 STREET ADDRESS	8206 Providence Rd. Suite 1200-384	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Charlotte, NC 28277	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E031 (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: Joseph Midulla Jr. Joseph D. Midulla JR. 704 845-8265