FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT May 11 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (0) 404181 MID-COUNTY, INC. Principal Place of Business Mailing Address MID COUNTY INC. 5565 DTH ST N ST. PETERSBURG FL 33703 P.O. BOX 2244 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33731-2244 3. Date Incorporated or Qualified 06/30/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-1563109 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country Zφ Country 24 29 30 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BARGER, JOHN JR 2050 BRIGHTWATERS BLVD NE Street Address (P.O. Box Number is Not Acceptable) ST.PETERSBURG FL 33704 83 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 agout and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE PTD 1.1 TITLE TITLE BARGER, JOHN W 1.2 NAME NAME 1520 NORTH SHORE DRIVE N.E. 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-2IP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE BARGER, JOHN, JR. 2.2 NAME NAME **\$5**65 9TH STREET NORTH 2.3 STREET ADDRESS STREET ADDRESS **ST PETERSBURG FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE <u>S</u>D 3.1 THILE TITLE CAMERON, BEATRICE B 3.2 NAME NAME **55**65 9TH STREET NORTH 3.3 STREET ADDRESS STREET ADDRESS **ST PETERSBURG FL** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE BARBER, MARILYN 4. 2 NAME **1522 NORTH SHORE DRIVE** STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I 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 arrural 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

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.