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

DOCUMENT # **550790** **(0)**

1. Corporation Name

MIDDS, INC.

Principal Place of Business

C/O BANYAN PRINTING
128 SOUTH DIXIE HIGHWAY
LAKE WORTH FL 33460

Mailing Address

C/O BANYAN PRINTING
128 SOUTH DIXIE HIGHWAY
LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **08/29/1977**

3a. Date of Last Report: **03/30/1995**

4. FEI Number: **59-1764666** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MANNING, ROGER
128 S. DIXIE HWY.
LAKE WORTH FL 33460

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	MANNING, ROGER		1 NAME
STREET ADDRESS	128 S. DIXIE HWY.		1 STREET ADDRESS
CITY-ST-ZIP	LAKE WORTH FL 33460		1 CITY ST ZIP
TITLE		☐ DELETE	2 TITLE ☐ Change ☐ Addition
NAME			2 NAME
STREET ADDRESS			2 STREET ADDRESS
CITY-ST-ZIP			2 CITY ST ZIP
TITLE		☐ DELETE	3 TITLE ☐ Change ☐ Addition
NAME			3 NAME
STREET ADDRESS			3 STREET ADDRESS
CITY-ST-ZIP			3 CITY ST ZIP
TITLE		☐ DELETE	4 TITLE ☐ Change ☐ Addition
NAME			4 NAME
STREET ADDRESS			4 STREET ADDRESS
CITY-ST-ZIP			4 CITY ST ZIP
TITLE		☐ DELETE	5 TITLE ☐ Change ☐ Addition
NAME			5 NAME
STREET ADDRESS			5 STREET ADDRESS
CITY-ST-ZIP			5 CITY ST ZIP
TITLE		☐ DELETE	6 TITLE ☐ Change ☐ Addition
NAME			6 NAME
STREET ADDRESS			6 STREET ADDRESS
CITY-ST-ZIP			6 CITY ST ZIP

14. I do hereby certify that the information supplied with this report is true, and 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 added to this report.

SIGNATURE: ✓ _____ ✓ 3/13/96 ✓ 407-586-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)