FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002422 (4)**

1. Corporation Name

MIDFLORIDA CAPITAL CORP.

Principal Place of Business	Mailing Address
1765 MERRIMAN ROAD AKRON OH 44313	1765 MERRIMAN ROAD AKRON OH 44313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1993**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21 | 2a. Mailing Address — 26

Suite Apt. # (if) — 22 | Suite Apt. # (if) — 27

City & State — 23 | City & State — 28

Zip — 24 | County — 25 | Zip — 29 | County — 30

4. FEI Number: **34-1739871** ☐ 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 § 199.013, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Section 607.0501, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered agent and office are accepting the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICER/DIRECTOR CHANGES		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PCD	Title	☐ Change ☐ Addition
Name	PETRARCA, LENORA J	Name	
Street Address	978 ROBINWOOD HILLS DRIVE	Street Address	
City-St-Zip	AKRON OH	City-St-Zip	
Title	V	Title	☐ Change ☐ Addition
Name	VLOSKY, EDWARD F	Name	
Street Address	1765 MERRIMAN ROAD	Street Address	
City-St-Zip	AKRON OH 44313	City-St-Zip	
Title	SD	Title	☐ Change ☐ Addition
Name	DUFF, ANDREW R	Name	
Street Address	600 SOCIETY BUILDING	Street Address	
City-St-Zip	AKRON OH 44308	City-St-Zip	
Title	VT	Title	☐ Change ☐ Addition
Name	MEINEKE, RONALD	Name	
Street Address	1765 MERRIMAN ROAD	Street Address	
City-St-Zip	AKRON OH 44313	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information supplied with this report is true, complete, 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 in Block 1 or Block 11 above or on an attachment with an indication of my position.

SIGNATURE: Ronald F. Meineke VP
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
RONALD F. MEINEKE

4/29/95

216-836-0701
Telephone Number

0476900 FP