

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **F96000005750 (2)**

1. Corporation Name
VICTOR MIDLAND INCORPORATED

Principal Place of Business
**2699 NO FORSYTH RD. SEC 106
ORLANDO FL 32802**

Mailing Address
**PO BOX 6337
SPRINGDALE AR 72766**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 71-0782866	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MC GEE & POWERS PA ATTN: MR. JAMES K. POWERS, ESQ. 201 E. PINE ST SUITE #700 ORLANDO FL 32801				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

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	PC	1.1 TITLE	D
NAME	HUNT, DAVID L	1.2 NAME	SMITH, ROBERT A
STREET ADDRESS	228 E. SO. 40TH ST.	1.3 STREET ADDRESS	127 Todd Place
CITY-ST-ZIP	SPRINGDALE AR 72762	1.4 CITY-ST-ZIP	LOWELL, AR 72745
TITLE	SDT	2.1 TITLE	D
NAME	BELL, HAROLD G	2.2 NAME	LONG, LEE
STREET ADDRESS	11775 PEACH ORCHARD RD.	2.3 STREET ADDRESS	906 NO 37TH ST
CITY-ST-ZIP	BENTONVILLE AR	2.4 CITY-ST-ZIP	ROGERS, AR 72758
TITLE	D	3.1 TITLE	D
NAME	EMETERIO, KATHLEEN	3.2 NAME	EMETERIO, KATHLEEN
STREET ADDRESS	RT 1 BOX 190AA	3.3 STREET ADDRESS	25 PUCKETT
CITY-ST-ZIP	SILAM SPRINGS AR	3.4 CITY-ST-ZIP	ROGERS, AR 72756
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

[Signature] HAROLD G. BELL 4/26/98 501-751-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 5024511

CR2E034 (10/97)