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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # F9700006616

MIDLANTIC SWEETNER COMPANY, INC.

Principal Place of Business
3526 CENTRE CIRCLE

Mailing Address

3526 CENTRE CIRCLE

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90022 033 ***158.75



FOF	MILL SC 29715		FORT MILL SC 29715		DO NOT WRITE IN THIS			SPAC	SPACE		
						3.	Date Incorporated or Qualifed				
						ĺ	12/15/1997				
2.	Principal Place of Business	2a	Mailing Address			4.	FEI Number		Applied For		
21		26					22-2208404		Not Applicable		
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certificate of Status Desired		.75 Additional ee Required		
	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
	Zip Country 25	29	Zip Cou	intry		8.	This corporation owes the current year In: Personal Property Tax.	tangible	\		
	9. Name and Address of Currer	nt Regi	stered Agent			10.	Name and Address of New Registered	Agent			
ray, Keith				81	Name						
505 AVENUE A NW STE. 310			82	Street Address (P.O. Box Number is Not Acceptable)							
	WINTER HAVEN FL 33881			83				-			
				84	City		FI	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. (NO	TE: Registered Agent signature requir	red when reinstating) DATE	(
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P DELETE	1.1 TITLE	☐ Change	☐ Addition						
NAME	GENTLESK, PHILIP J SR.	1.2 NAME		į						
STREET ADDRESS	3526 CENTRE CIRCLE	1.3 STREET ADDRESS								
CITY-ST-ZIP	FORT MILL SC 29715	1.4 CITY-ST-ZIP								
TITLE	V DELETE	2.1 TITLE	☐ Change	☐ Addition						
NAME	FAWLEY, WILLIAM T	2.2 NAME		ľ						
STREET ADDRESS	105 ATSION RD.	2.3 STREET ADDRESS		:						
CITY-ST-ZIP	MEDFORD NJ 08055	2.4 CITY-ST-ZIP								
TITLE	S DELETE	3.1 TITLE	P.S Michange	Addition						
NAME	GENTLESK, PHILIP JR.	3.2 NAME								
STREET ADDRESS	3526 CENTRE CIRCLE	3.3 STREET ADDRESS								
CITY-ST-ZIP	FORT MILL SC 29715	3.4. CITY-ST-ZIP								
TITLE	T DELETE	4.1 TITLE	☐ Change	☐ Addition						
NAME	GENTLESK, MARY C	4. 2 NAME		Í						
STREET ADDRESS	3526 CENTRE CIRCLE	4.3 STREET ADDRESS		1						
CITY-ST-ZIP	FORT MILL SC 29715	4.4 CITY-ST-ZIP								
TITLE	DELETE	5.1 TITLE	☐ Change	☐ Addition						
NAME		5.2 NAME								
STREET ADDRESS		5.3 STREET ADORESS		ł						
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition						
NAME		6.2 NAME	•							
STREET ADDRESS		6.3 STREET ADORESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Control of OTION Florida On the Land of the Control							

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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

357

803-544-3877