

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90038 040 ***150.00

DOCUMENT # F98000005791

1. Corporation Name

MIDWEST DISCOUNT BROKERS, INC.



Principal Place of Business

1520 E. PRIMROSE
SPRINGFIELD MO 65804

Mailing Address

1520 E. PRIMROSE
SPRINGFIELD MO 65804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

43-1613019

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

PIGG, RICHARD T
2651 MCCORMICK DR SUITE 116
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

GARY DEWEESE

82 Street Address (P.O. Box Number is Not Acceptable)

2651 MCCORMICK DR STE 116

83

84 City

CLEARWATER

FL

85 Zip Code

33759

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]

GARY DEWEESE PRESIDENT

3-2-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE CP
NAME DEWEESE, GARY
STREET ADDRESS 341 CASTLEGATE
CITY-ST-ZIP OZARK MO 65742

TITLE D ☒ DELETE
NAME FANNING, JEFFREY
STREET ADDRESS 1144 S. CRAIG
CITY-ST-ZIP SPRINGFIELD MO 65804

TITLE D ☐ DELETE
NAME PETERSON, DANA
STREET ADDRESS 4487 STATE HWY J
CITY-ST-ZIP ROGERSVILLE MO 65742

TITLE ST ☐ DELETE
NAME HOOD, DARLENE
STREET ADDRESS 3428 HWY UU
CITY-ST-ZIP MILLER MO 65707

TITLE V ☐ DELETE
NAME PIGG, RICHARD T
STREET ADDRESS 1221 S. PAULA
CITY-ST-ZIP SPRINGFIELD MO 65804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

417-520-6324

Daytime Phone #

CR2E034 (11/98)