

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G00950

(7)

1. Corporation Name

MIDGETT X-RAY SERVICE, INC.

Principal Place of Business

**WILLIAM E. MIDGETT
430 LAPAZ PLACE
ORANGE PARK FL 32073**

Mailing Address

**WILLIAM E. MIDGETT
430 LAPAZ PLACE
ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed
09/22/1982

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

4. FEI Number
59-2223929

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**

7. This corporation has liability for interstate tax under 1109.012
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite Apt. #, etc.

26. Suite Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIDGETT, WILLIAM E
430 LAPAZ PLACE
ORANGE PARK FL 32073**

81. Name

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

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0402 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 607.0805, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent or Registered Agent

Signature of New Registered Agent (Signature Required)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
PD
NAME
MIDGETT, WILLIAM E
STREET ADDRESS
430 LAPAZ PL
CITY, ST, ZIP
ORANGE PARK, FL 00000

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

8. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP ☐ Change ☐ Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP ☐ Change ☐ Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP ☐ Change ☐ Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 and may be used with that of any 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 Item 12 or Item 13 if changed, or on an attachment with an address.

SIGNATURE: *W E Midgett* William E. Midgett 6/5/95 (901) 264-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)