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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90055 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G41974

1. Corporation Name

MIDAS EQUIPMENT CORPORATION

Principal Place of Business
**7233 O'DONIEL LOOP EAST
LAKELAND FL 33809**

Mailing Address
**7233 O'DONIEL LOOP EAST
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1983

4. FEI Number

59-2319331

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.

22
City & State

23
Zip Country

24
25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

9. Name and Address of Current Registered Agent

**BROWN, JIM D.
7233 O'DONIEL LOOP EAST
LAKELAND FL 33809**

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.

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
BROWN, JIM D.
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **ST**
BROWN, ROBERT D.
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SECRETARY**
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SECRETARY**
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SECRETARY**
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SECRETARY**
STREET ADDRESS **7233 O'DONIEL LOOP E.**
CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 941-859-3031

CR2E034 (11/98)