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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G94988**

1. Corporation Name

MIDWAY AM/CAN HOME OWNERS, INC.

| Principal Plac | e of Business | Mailing Address | · | 1 1061141 0010 10211 01111 | (BIA) IEIO IOI AIO BIOI DIEI DIOI BIOI BI | |
|--|---|--|---|---|---|--------------------------------------|
| MIDWAY TRAILER COURT 12674 SEMINOLE BLVD. | | MIDWAY TRAILER COURT 12674 SEMINOLE BLVD. | | | | |
| LARGO FL 346 | 48 | LARGO FL 34648 | | | WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qu 04/05/1984 | ailied | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4.) FEI Number | ├ | oplied For |
| 21 | | 26 | | '59-2808460 | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desi | red | Additional equired |
| City & Stat | te | City & State | | 6. Election Campaign Finar | ncing _ \$5.00 | May Be |
| 23 | | 28 | | Trust Fund Contribution | Added | to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes th | · <u></u> | _ |
| 24 33778 | 25 | | 30 | Personal Property Tax. | ☐ Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of | New Registered Agent | |
| MON | STAVNE JI INE | | 81 Nam | SANDRA G. MILLER | | |
| MONTAYNE, JUNE #M15 | | 82 Stree | t Address (P.O. Box Number is Not A | | | |
| 12674 SEMINOLE BLVD. | | | | 12674 SEMINOLE B | LVD | |
| | GO FL 34648 | | 83 | ~ 00 | | |
| LAN. | GO 1 C 34040 | | 84 City | <u>0-23 </u> | 85 Zip | Code |
| | | | | LARGO, | FL 33 | 778 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statute | s, the above-name | d corporation submits this statement for poration's board of directors. I hereby | or the purpose of changing its | registered |
| agent. I a | m familiar with, and accept the obligat | tions of, Section 607.0505, Flori | da Statutes. | poration's board or directors. Thereby | docept the appointment as to | ' |
| SIGNATURE | Sande S | Willer SANI | DRA G. MI | LLER | . 3/17/j | 99 |
| | Signature, typed or printed name of registered agen | t soft title of applicable (NOTE: I | | | | |
| | | | Registered Agent signatur | | DATE / | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | O OFFICERS AND DIRECTO | |
| TITLE | PD | | 13. 1.1 TITLE | | | DRS IN 12 |
| TITLE NAME | PD DUNHAM, D. LAWRENCE | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES T | O OFFICERS AND DIRECTO | |
| TITLE | PD DUNHAM, D. LAWRENCE 12674 SEMINOLE BLVD C42 | D DIRECTORS | 13. 1.1 TITLE | ADDITIONS/CHANGES T | O OFFICERS AND DIRECTO | Addition |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Seattle 1907(5)(4); 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 composition of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 120f Chapter 607. officer or director of the Block 12 or Block 13

64 CITY-ST-ZIP

SIGNATURE

LARGO FL

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90125 034 ***150.00