

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:32

DOCUMENT # H85304 (4)

1. Corporation Name

MIDLAND TRUST, INC.

Principal Place of Business

**119 WEST 5TH ST.
P. O. BOX 10295
PANAMA CITY FL 32404**

Mailing Address

**119 WEST 5TH ST.
P. O. BOX 10295
PANAMA CITY FL 32404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1985

3a. Date of Last Report

05/11/1994

4. FEI Number

59-2887962

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 1101 Gulf Breeze Pkwy.

Suite, Apt. #, etc.

22 Ste. # 349

City & State

23 Gulf Breeze, FL.

Zip

24 32561

Country

25 Escambia

2a. Mailing Address

26 1101 Gulf Breeze Pkwy.

Suite, Apt. #, etc.

27 Ste. # 349

City & State

28 Gulf Breeze, FL.

Zip

29 32561

Country

30 Escambia

9. Name and Address of Current Registered Agent

**CHILDERS, JOHN MICHAEL
15823 W. HWY. 98N DRIVE
PANAMA CITY BEACH FL 32407**

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 607.1506, 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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CHILDERS, JOHN MICHAEL
15823 W. HWY. 98
PANAMA CITY BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE

John Michael Childers

John Michael Childers, Pres.

4/25/95 904-934-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR