Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

No

Not Applicable

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

DOCUMENT # **J43939** 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

25

MIDWAY PUB INC.

- 2. Principal Place of Business

MCNEIL, MARVIN

Suite, Apt. #, etc.

City & State

21

23

24

Zip

Principal Place of Business	Mailing Address	
3603 HWY. 92 EAST	3603 HWY. 92 EAST	
PLANT CITY FL 33566	PLANT CITY FL 33566	

26

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90066 050 ***150.00

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

11/24/1986

59-2748752

4. FEI Number

3603 HWY. 92 EAST		82	82 Street Address (P.O. Box Number is Not Acceptable) 83									
PLANT CITY FL 33566										83		
			84	City	FL	85	Zip Co	de				
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. (NOTE; Registered Agent signature required when reinstating) DATE												
Signature, typed or printed name of registered agent and tibe if applicable. (NOTE: Registered. 12. OFFICERS AND DIRECTORS 13.												
TITLE	D	DELETE	1.1 TITLE		TRESTITUTE OF TREETING TO	Cha		Addition				
NAME	MCNEIL, MARVIN		1.2 NAME				9~					
STREET ADDRESS	1604 N. FERRELL ST.		1.3 STREET	ADORESS	•							
CITY+\$T-ZIP	PLANT CITY FL		1.4 CITY-ST	· ZIP				ĺ				
TITLE	DS	DELETE	2.1 TITLE			Cha	nge	Addition				
NAME	MCNEIL, ELIZABETH	-	2.2 NAME		nge N. A. Austra			ì				
STREET ADORESS	1604 N. FERRELL ST.		2.3 STREET	ADDRESS								
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-S	- ZIP								
ππε		DELETE	3.1 TITLE			☐ Cha	nge	Addition				
NAME			3.2 NAME									
STREET ADDRESS		ľ	3.3 STREET	ADDRESS				-				
CITY-ST-ZIP			3.4. CITY-ST	-ZIP								
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	nge	☐ Addition				
NAME		l l	4, 2 NAME					}				
STREET ADDRESS			4.3 STREET	address								
CITY-ST-ZIP			4.4 CITY-ST	ZIP								
TITLE		☐ DELETE	5.1 TITLE		_	Cha	nge	Addition				
NAME		I	5.2 NAME					1				
STREET ADDRESS			5.3 STREET	adoress								
CITY-ST-ZIP		1	5.4 CITY-ST	ZIP								
mre .	<u> </u>	☐ DELETE	6.1 TITLE			Char	nge	Addition				
NAME '	, " · · · · · · · · · · · · · · · · · ·		6.2 NAME									
STREET ADDRESS		i	6.3 STREET	ADDRESS:								
CITY-ST-ZIP			6.4 CITY-ST	ZIP								

Country

81 Name

30

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.

3-17-99 813 752 7576