

DOCUMENT # J70380
1. Entity Name
MID-POINT CONSTRUCTION, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90013 008 ***150.00

Principal Place of Business
6510 GRISSOM PKWY
COCOA FL 32927
US

Mailing Address
P.O. BOX 10070
COCOA FL 32927
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6610 Grissom Pkwy
Suite, Apt. #, etc.

3. Mailing Address
195 City Point Rd
Suite, Apt. #, etc.

City & State
Cocoa FL

City & State
Cocoa

Zip
32927

Country
USA

Zip
FL 32926

Country
USA

4. FEI Number 59-2833987

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELLONE, JAMES S JR
6510 GRISSOM PKWY
COCOA FL 32927

7. Name and Address of New Registered Agent
Name: JAMES S. MELLONE JR
Street Address (P.O. Box Number is Not Acceptable)
6610 Grissom Pkwy
City: Cocoa FL Zip Code: 32927

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE: James S Mellone Jr
Signature typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: 1/4/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLONE, JAMES S JR P O BOX 10070 COCOA FL 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James S Mellone Jr 195 City Point Rd Cocoa FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James S Mellone Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1/4/01
Title: Pres

CR2E034 (10/00)