

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 009 ***150.00

DOCUMENT # K22808

1. Corporation Name

MIDLAND EQUITY CORPORATION

Principal Place of Business

% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755
US

Mailing Address

% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1988

4. FEI Number

59-2892516

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 33 North Garden Avenue

2a. Mailing Address

26 33 North Garden Avenue

Suite, Apt. #, etc.

22 Suite 1200

Suite, Apt. #, etc.

27 Suite 1200

City & State

23 Clearwater, FL

City & State

28 Clearwater, FL

Zip Country

24 33755

25

Zip Country

29 33755

30

9. Name and Address of Current Registered Agent

**BANKS, ROBERT J.
33 N GARDEN AVENUE
SUITE 1200
CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

81 Name

Banks, Robert J.

NO CHANGE

82 Street Address (P.O. Box Number is Not Acceptable)

33 North Garden Avenue

83

Suite 1200

84 City

Clearwater, FL

FL

85 Zip Code

33755

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BANKS, ROBERT J.**
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **PT** ☐ DELETE
NAME **MATHIS, RAY F.**
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **EVS** ☐ DELETE
NAME **GLOECKL, KEITH J.**
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE
NAME **REYNOLDS, DON R.**
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **DV** ☒ DELETE
NAME **WIEDELMAN, MARK D.**
STREET ADDRESS **1521 FIRST NATIONAL BLDG**
CITY-ST-ZIP **DETROIT MI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D/C ☒ Change ☐ Addition
BANKS, ROBERT J.
33 N GARDEN AVE, SUITE 1200
CLEARWATER, FL 33755

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition
SEE ATTACHED

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

3/29/99

Date

(727) 461-4801

Daytime Phone #

CR2E034 (11/98)