

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 # K22809

1. Corporation Name

MIDLAND FINANCIAL HOLDINGS, INC.

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

59-2892513

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 33 North Garden Avenue

Suite, Apt. #, etc.

22 Suite 1200

City & State

23 Clearwater, FL

Zip Country

24 33755

25

2a. Mailing Address

26 33 North Garden Avenue

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Clearwater, FL

Zip Country

29 33755

30

9. Name and Address of Current Registered Agent

BANKS, ROBERT J.  
33 N GARDEN AVE, 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 DP ☐ DELETE

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

TITLE DT ☐ DELETE

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

TITLE DS ☐ DELETE

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

TITLE D ☒ DELETE

NAME STRUDLER, ROBERT  
STREET ADDRESS 33 N GARDEN AVE, SUITE 1200  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

AS  
CHEERS, LINDA D.  
33 N. GARDEN AVE, SUITE 1200  
CLEARWATER, FL 33755

VP/AS  
BUDD, WILLIAM K.  
33 N. GARDEN AVE, SUITE 1200  
CLEARWATER, FL 33755

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

(727) 461-4801

Date

Daytime Phone #

CR2E034 (11/98)