

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 004 ***150.00

DOCUMENT # K22814

1. Corporation Name

MIDLAND SECURITIES 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

59-2892495

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

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

85 Zip Code
FL 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 ST ☐ DELETE

NAME GLOECKL, KEITH J.
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

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 D/C/P ☒ Change ☐ Addition

1.2 NAME BANKS, ROBERT J.
1.3 STREET ADDRESS 33 N. GARDEN AVE, SUITE 1200
1.4 CITY-ST-ZIP CLEARWATER, FL 33755

2.1 TITLE D/S ☒ Change ☐ Addition

2.2 NAME GLOECKL, KEITH J.
2.3 STREET ADDRESS 33 N. GARDEN AVE, SUITE 1200
2.4 CITY-ST-ZIP CLEARWATER, FL 33755

3.1 TITLE D/T ☒ Change ☐ Addition

3.2 NAME MATHIS, RAY F.
3.3 STREET ADDRESS 33 N. GARDEN AVE, SUITE 1200
3.4 CITY-ST-ZIP CLEARWATER, FL 33755

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME REYNOLDS, DONALD R.
4.3 STREET ADDRESS 33 N. GARDEN AVE, SUITE 1200
4.4 CITY-ST-ZIP CLEARWATER, FL 33755

5.1 TITLE VP/AS ☐ Change ☒ Addition

5.2 NAME BUDD, WILLIAM K.
5.3 STREET ADDRESS 33 N GARDEN AVE, SUITE 1200
5.4 CITY-ST-ZIP CLEARWATER, FL 33755

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME CHEGG, LINDA D.
6.3 STREET ADDRESS 33 N. GARDEN AVE, SUITE 1200
6.4 CITY-ST-ZIP 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
WILLIAM K. BUDD

3/29/99

Date

(727) 461-4801

Daytime Phone #

0412601

CR2F034 (11/98)