

DOCUMENT # K22814

1. Entity Name

MIDLAND SECURITIES CORPORATION**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90051 024 ***150.00

Principal Place of Business 33 NORTH GARDEN AVENUE SUITE 1200 CLEARWATER FL 33755 US		Mailing Address 33 NORTH GARDEN AVENUE SUITE 1200 CLEARWATER FL 33755-6610 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BANKS, ROBERT J 33 N GARDEN AVENUE SUITE 1200 CLEARWATER FL 33755		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DCP BANKS, ROBERT J 33 N GARDEN AVE, SUITE 1200 CLEARWATER FL 33755 <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	DS GLOECKL, KEITH J 33 N GARDEN AVE, SUITE 1200 CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Gloeckl, Keith J 33 N Garden Ave, Suite 1200 Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MATHIS, RAY F 23 N GARDEN AVE STE 1200 CLEARWATER FL 33755 <input checked="" 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	V REYNOLDS, DON R 33 N GARDEN AVE STE 1200 CLEARWATER FL 33755 <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	AS CHEERS, LINDA D 33 N GARDEN AVE STE 1200 CLEARWATER FL 33755 <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	VAS BUDD, WILLIAM K 33 N GARDEN AVE STE 1200 CLEARWATER FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Budd, William K 33 N Garden Ave, Suite 1200 Clearwater, FL 33755 <input checked="" 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:

SIGNATURE OF OFFICER

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William K. Budd**

William K. Budd**General Counsel**

Date

1/25/00

Daytime Phone #

727/
461-4801**Assistant Secretary**