## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K41896 **DOCUMENT #** 

(7)

MIDWAY HOLDINGS, INC.	
Principal Place of Business	Mailing Address
5306 CORTEZ ROAD WEST. SUITE 4 BRADENTON FL 34210	5306 CORTEZ ROAD WEST. SUITE 4 BRADENTON FL 34210



5306 CORTEZ ROAD WEST. SUITE 4 BRADENTON FL 34210			5306 CORTEZ ROAD WEST, SUITE 4 BRADENTON FL 34210				
					3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Re 05/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21		26			65-0079911		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7	Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Country		8. This corporation has liability for it		
24	25	29	30		Florida Statutes  Yes		
	g. Name and Address of Cui	rent Registered Agent			10. Name and Address of New R	egistered Agent	
			6	1 Name			
	l, eric d. Ortez road west, suite i	FOUR	8	2 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	NTON FL 34210		8	3			
			8	1			Code
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	torida. Such change was authorize	ea by the co	named corpor poration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its re pintment as registered	egistered office agent. I am
SIGNATURE _							
	Signature, typed or printed name of registered a			ont signature require		DATE.	i
12.	OFFICERS D	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	<del></del>	RS IN 12
TITLE	HOWELL, ERIC DOY	☐ DELETE	1. 1 TITL	1		☐ Change	RS IN 12
NAME	5306 CORTEZ ROAD W S	PTE A	1.2 NAM	1			
STREET ADDRESS	BRADENTON FL	71E 4		ET ADDRESS			
CITY-ST-ZIP	DIVIDENTON FL	E) pourie	1.4 CITY				
TITLE		☐ DELETE	2. 1 TITL			Change	Addition C
NAME			2.2 NAM				
STHEET ADDRESS			2 3 STRE	ET ADDRESS			
C/TY - ST - ZIP		Fm ne ere	2 4 CITY				
TITLE		DELETE	3 1 TITL			Change	Addition
NAME			3 2 NAM	E			
STREET ADDRESS			3 3. STA	ET ADDRESS			
CFTY-ST-ZIP			3.4 City	-ST-ZIP			
Trile		☐ DELETE	4. 1 THTL			☐ Change	☐ Addition
NAME			4.2 NAM	:			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZP			4.4 DITY	-ST-ZIP			
TITLE			5. 1 TITL	: 1		☐ Change	Addition
NAME			5.2 NAMI	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
C(1Y-S1-Z(F			5.4 City	-ST - ZIP			
TITLE		☐ DELETE	6. 1 TITLE			Change	Addition
NAME			6 2 NAMI	i			
STREET ADDRESS			1	ET ADDRESS			ļ.
CITY - ST - ZIP	A			I			
	certify that the information supplied	ed with this filing is voluntarily furni	6.4 CITY-		or the exemption stated in Section 119 (	7(3)(k) Florida Statute	e 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 of 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 changes, or on any stacking with an address.

**SIGNATURE:** 

SIGNING OFFICER OR DIRECTOR

04/16/96

(941) 794-3262