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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07995** **(8)**

1. Corporation Name
MIDWAY CONSIGNMENT CENTER, INC.

Principal Place of Business	Mailing Address
6088 GULF BREEZE PARKWAY GULF BREEZE FL 32561	6088 GULF BREEZE PARKWAY GULF BREEZE FL 32561-9002

3. Date Incorporated or Qualified: **08/10/1989**
3a. Date of Last Report: **04/04/1996**

2. Principal Place of Business
21 6088 Gulf Breeze Pkwy
Suite, Apt #, etc.
22
City & State
23 Gulf Breeze, FL.
Zip 24 32561 County 25 Santa Rosa

2a. Mailing Address
26 6088 Gulf Breeze Pkwy.
Suite, Apt #, etc
27
City & State
28 Gulf Breeze, FL.
Zip 29 32561 Country 30 Santa Rosa

4. FEI Number **59-2972346** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SHERMAN, JOHN C.
6088 GULF BREEZE PARKWAY
GULF BREEZE FL 32561

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 John C Sherman   DATE 1-10-97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	SHERMAN, JOHN C.	
STREET ADDRESS	6088 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DVT	☐ DELETE
NAME	SHERMAN, SHARON B.	
STREET ADDRESS	6088 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	DS	☐ DELETE
NAME	SHERMAN, JOHN C., II	
STREET ADDRESS	6088 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: JOHN C SHERMAN John C Sherman   2-17-97   904-932-4423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #