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FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
6088 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561  
US

Mailing Address  
6088 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/10/1989

2. Principal Place of Business  
21 6094 GULF BREEZE PARKWAY  
Suite, Apt. #, etc.  
22  
City & State  
23 GULF BREEZE FL  
Zip  
24 32561 Country  
25 US

2a. Mailing Address  
26 6094 GULF BREEZE PARKWAY  
Suite, Apt. #, etc.  
27  
City & State  
28 GULF BREEZE FL  
Zip  
29 32561 Country  
30 US

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name SHERMAN, JOHN C.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6094 GULF BREEZE PARKWAY  
83  
84 City GULF BREEZE FL 85 Zip Code 32561

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
SHERMAN, JOHN C.  
6088 GULF BREEZE PKWY  
GULF BREEZE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DVT  
SHERMAN, SHARON B.  
6088 GULF BREEZE PKWY  
GULF BREEZE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DS  
SHERMAN, JOHN C., II  
6088 GULF BREEZE PKWY  
GULF BREEZE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

P  
SHERMAN, JOHN C.  
6094 GULF BREEZE PKWY  
GULF BREEZE FL 32561

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VIT  
SHERMAN, SHARON B.  
6094 GULF BREEZE PKWY  
GULF BREEZE FL 32561

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

S  
SHERMAN, JOHN C., II  
6094 GULF BREEZE PKWY  
GULF BREEZE FL 32561

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

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, 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 President

3-6-98

850-932-4433

CR2E034 (10/97)