SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT** # MIDGETT DEVELOPMENT, INC. Principal Place of Business Mailing Address 1227 DEL PRADO PO BOX 151214 CAPE CORAL FL 33915 #101 CAPE CORAL FL 33990 3a. Date of Last Report 3. Date Incorporated or Qualified US 02/23/1990 04/28/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 424 J.W. 9 street. 65-0174315 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 cope corol, F1. Zip 33991 8. This corporation has liability for intangible tax unider s. 199 032. Yes No W.U.S. A. Florida Statutes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MIDGETT, EDWARD F. Street Address (P.O. Box Number is Not Acceptable) 1227 DEL PRAOD 82 STE 101 83 CAPE CORAL FL 33990 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 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. Tam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. Signature types or produce carrier of each agent and this of applicable (NOTE Hagestered Agent signature required when remails song)

DATE

DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (36/8) Change Addition DELFTE 11 DITLE TITLE 1.2 NAME NAME MIDGETT, EDWARD F. CR2E034 424 S.W. 9TH ST 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THUE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 3 1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 THLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4.011 Y - S! - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STHEE! ADDRESS STREET ADDRESS 5 4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition 61 fills TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY -ST - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: Edward F. Midgell - Fdward F. midgell-Pres 8-5-96 (941) 773-0225 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR