

DOCUMENT # N00000000460

1/8/01-9

1. Entity Name

ANIMAL RESCUE OF MIDWAY, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

01-08-2001 90053 041 ****61.25

Principal Place of Business

ST. RD. 268. TOP OF HILL
MIDWAY FL 32343

Mailing Address

P.O. BOX 347
MIDWAY FL 32343

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 362 8096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIGHTOWER, ROBERT S
241 E. VIRGINIA ST.
TALLAHASSEE FL 32315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D	MCLAIN, WILLIAM C	P.O. BOX 347 N/A	MIDWAY FL 32343	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D	MCLAIN, PATRICIA B	P.O. BOX 347 N/A	MIDWAY FL 32343	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
D	HIGHTOWER, ROBERT S	P.O. BOX 4165 N/A	TALLAHASSEE FL 32315-4165	

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C MCLAIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/01 576 2092

Daytime Phone #

CR2E037 (10/00)