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1997 MAY -1 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003020 (2)

1. Corporation Name

MIDWAY ECONOMIC DEVELOPMENT OF JACKSONVILLE, INC



Principal Place of Business

Mailing Address

1456 VAN BUREN ST.
JACKSONVILLE FL 32206

1456 VAN BUREN ST.
JACKSONVILLE FL 32206-4719

3. Date Incorporated or Qualified
06/06/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

PARKER, AVA L
112 W. ADAMS ST.
SUITE 1814
JACKSONVILLE FL 32202

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

81 Name

Ava L. Parker

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

603 Market Street

83

84 City

Jacksonville

FL

85 Zip Code

32202

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HARTSFIELD, GEORGE
STREET ADDRESS 9338 THOMAS DUKES CT.
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE VD ☐ DELETE

NAME BLACKSHEAR, EUGENE
STREET ADDRESS 3978 BENT GRASS RD.
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE SD ☐ DELETE

NAME HAGANS, JUANITA
STREET ADDRESS PO BOX 5091
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE TD ☒ DELETE

NAME GRAHAM, CAROL
STREET ADDRESS 11724 CHERRY BARK DR., E
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☒ DELETE

NAME JONES, JOHNNIE
STREET ADDRESS 3350 ARDISIA RD.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 7000002164 05/02/97-01153-018 ☐ Change ☐ Addition

1.2 NAME *****61.25 *****61.25

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

CR2E037 (9/96)