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**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90020 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P01455**

1. Corporation Name  
**MIDLAND CAPITAL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**33 NORTH GARDEN AVE**  
**STE 1200**  
**CLEARWATER FL 33755**  
**US**

Mailing Address  
**33 NORTH GARDEN AVE**  
**SUITE 1200**  
**CLEARWATER FL 33755**  
**US**

3. Date Incorporated or Qualified  
**03/30/1984**

2. Principal Place of Business  
**21 33 North Garden Avenue**

2a. Mailing Address  
**26 33 North Garden Avenue**

4. FEI Number  
**59-2395304**

Applied For  
 Not Applicable

Suite; Apt. #; etc.  
**22 Suite 1200**

Suite; Apt. #; etc.  
**27 Suite 1200**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
**23 Clearwater, FL**

City & State  
**28 Clearwater, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
**24 33755 25**

Zip Country  
**29 33755 30**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BANKS, ROBERT J.**  
**33 NORTH GARDEN AVE, SUITE 1200**  
**CLEARWATER FL 33755**

10. Name and Address of New Registered Agent

81 Name **Banks, Robert J.** **NO CHANGE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**33 North Garden Avenue**

83 Suite 1200

84 City **Clearwater, FL** **FL** 85 Zip Code **33755**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS GLOECKL, KEITH J.	1.1 TITLE	D/PS GLOECKL, KEITH J.
NAME	GLOECKL, KEITH J.	1.2 NAME	GLOECKL, KEITH J.
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	1.3 STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	EVT MATHIS, RAY F.	2.1 TITLE	D/EVT MATHIS, RAY F.
NAME	MATHIS, RAY F.	2.2 NAME	MATHIS, RAY F.
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	2.3 STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	V WACHTLER, PATRICIA	3.1 TITLE	
NAME	WACHTLER, PATRICIA	3.2 NAME	
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	D BANKS, ROBERT J.	4.1 TITLE	C/D BANKS, ROBERT J.
NAME	BANKS, ROBERT J.	4.2 NAME	BANKS, ROBERT J.
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	4.3 STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	VAS CHEERS, LINDA D.	5.1 TITLE	
NAME	CHEERS, LINDA D.	5.2 NAME	
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	V/AS BUDD, WILLIAM K.	6.1 TITLE	V/AS BUDD, WILLIAM K.
NAME	BUDD, WILLIAM K.	6.2 NAME	BUDD, WILLIAM K.
STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200	6.3 STREET ADDRESS	33 NORTH GARDEN AVE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	CLEARWATER, FL 33755

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 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, with all other like empowered.

SIGNATURE: WILLIAM K. BUDD 3/29/99 (727) 461-4801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)