

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 006000042189

1. Entity Name *Lindy's Midway Inc.*



FILED

07 APR 30 AM 10:43

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400101584974
05/04/07--01020--007 **150.00

CR2E034B (8/05)

2. Principal Place of Business

25 River Park Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Midway Fla.

City & State

4. FEI Number

43 2100096

Applied For

Not Applicable

Zip

32343

Country

LCM

Zip

Country

Gadsden

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Raymond P. Satis Jr.

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

400 Meridian Pl.

City

TALL, FL.

FL

Zip Code

32303

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Raymond P. Satis Jr. Pres.
400 Meridian Pl.
TALL, FL. 32303*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
\$25/1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Taylor Satis V.P.
400 Meridian Pl.
Tallahassee, FL. 32307*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Shaun Griffin V.P.
4496 Lost Pine Dr.
TALL, FL. 32303*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Raymond P. Satis Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

Date

850 508-6641

Daytime Phone #