2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2004 08:00 AM DOCUMENT # P93000012721 **Secretary of State** MIDWAY WAREHOUSE INVESTORS, INC. Principal Place of Business Mailing Address 2910 W BAY TO BAY BLVD 2910 W BAY TO BAY BLVD STE 200 TAMPA FL 33629 **STE 200 TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3163368 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNEDY, DAVID A Street Address (P.O. Box Number is Not Acceptable) 2910 W BAY TO BAY BLVD STE 200 **TAMPA FL 33629** Zio 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. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE \Box ☐ Delete TITLE FOSTER, FRANK M JR NAME NAME U000000073289 STREET ADDRESS 8 BROOK LANE STREET ADDRESS 03/02/04-80030-013 150.00 LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP 31111 Delete TITE F Change Addition NAME KENNEDY, DAVID A NAME 2910 W BAY TO BAY BLVD STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33629** CITY-ST-ZIP Change TITLE VPT ☐ Delete TITLE Addition RODANTE, SAM NAME STREET ADDRESS 4501 DIGNAN ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32201 CITY-ST-ZIP ΔS TITLE ☐ Delete Addition NAME JENKINS, DONNA K NAME STREET ADDRESS 2910 W BAY TO BAY BLVD STE 200 STREET ADDRESS **TAMPA FL 33629** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED

Roden to V President 3-1-201

FILED