FROM :KFI FAX NO. :

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90337 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000012721

1. Entity Name
MIDWAY WAREHOUSE INVESTORS, INC.

20048557

Principal Place of Business	Mailing Address
2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US	2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 US

04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3183368
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, DAVID A
2910 W BAY TO BAY BLVD
STE 200
TAMPA, FL 33629

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FOSTER, FRANK M JR
STREET ADDRESS	8 BROOK LANE
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	P
NAME	KENNEDY, DAVID A
STREET ADDRESS	2910 W BAY TO BAY BLVD STE 200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VPT
NAME	RODANTE, SAM
STREET ADDRESS	~~4501 DIGNAN ST.~~ 2008 Riverside Ave
CITY-ST-ZIP	JACKSONVILLE, FL ~~32281~~ 32204 Suite 100
TITLE	AS
NAME	JENKINS, DONNA K
STREET ADDRESS	2910 W BAY TO BAY BLVD STE 200
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR