

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED
Aug 11 1998 8:00 am
Secretary of State

DOCUMENT # **P94000071014 (2)**
1. Corporation Name
MIDWAY ROAD PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
490 CARVER ROAD ROCKLEDGE FL 32955-5509	490 CARVER ROAD ROCKLEDGE FL 32955-5509

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3207488	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

**HOUSTON, MARY E
490 CARVER ROAD
ROCKLEDGE FL 32955-5509**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	P
NAME	HOUSTON, MARY E
STREET ADDRESS	490 CARVER ROAD
CITY-ST-ZIP	ROCKLEDGE FL

TITLE	V
NAME	HOUSTON, THOMAS L
STREET ADDRESS	% 490 CARVER ROAD
CITY-ST-ZIP	ROCKLEDGE FL

TITLE	ST
NAME	CORLEY, PATRICIA G
STREET ADDRESS	% 490 CARVER ROAD
CITY-ST-ZIP	ROCKLEDGE FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Mary E Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-98

407 6320818

Date

Daytime Phone #

CR2E034 (5/98)



490 CARVER RD
ROCKLEDGE, FL. 32955
(305)632-0818 - (305)632-0828



July 9, 1998

To: Division of Corporation

Attention: Leslie

As per our conversation on July 7, 1998 I was instructed to write this letter to confirm that on April 24, 1998, I Mary Houston mailed four Profit Corporation Annual Reports. They were sent by mail and had separate checks for each of the four corporations. As you have not yet recieved them I will be sending them return reciept on July 9, 1998. Hopefully this will clear up this problem.

Thank you in advance,

Mary Houston
Mary Houston