FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

Principal Place of Purinage

DOCUMENT # P9500003776 (8)
MIDBAY INVESTMENTS, INC.

FILED Feb 10 1998 8:00am Secretary of State



Filincipal Flace of Bu	3111022	Mailing Address						
909 MAR WALT DRIVE SUITE 1014 FT WALTON BEACH FL 32547			809 MAR WALT DRIVE SUITE 1014 FT WALTON BEACH FL 32547		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified	JI AOL		
					01/09/1995			
2. Principal Place of	Business	2a. Mailing Address			4. FEI Number		Applied For	
21		·	26		59-3299051		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·				Additional	
22		} ····¬	27		5. Certificate of Status Desired	te of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing	6. Election Campaign Financing \$5.00 May Be		
23		28	··		Trust Fund Contribution	- ++··-,		
Zıp	Country	Zip	Country		8. This corporation owes or has paid the cur	rent year l	ntangible	
24	25	[29]	30					
	lame and Address of Curr	ent Registered Agent		1-:	10. Name and Address of New Registered	Agent		
	WILLIAM S		81	Name				
909 MAR WALT DRIVE SUITE 1014 FT WALTON BEACH FL 32547				Street	Address (P.O. Box Number is Not Acceptable)			
FT WALTO						· .		
			63					
			84	City		85 Zi	o Code	
				<u> </u>	FL			
11. Pursuant to the p	provisions of Sections 607.0 and agent, or both, in the Sta	502 and 607.1508, Florida Statu de of Florida, Such change was	tes, the above	e-named	corporation submits this statement for the purpose of	changing	its registered	
agent I am famil	iar with, and accept the obl	igations of, Section 607.0505, Fl	lorida Statute	S.	poration's board of directors. I hereby accept the app	0	is regional	
SIGNATURE								
· · · · · · · · · · · · · · · · · · ·	lyped or printed name of registered a			ent signature	e required when reinstating) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change		
TITLE CPA	AWFORD, T.C.	L] DELETE	1.1 TITLE			unange	Addition	
	BOX 396 N/A		1.2 NAME		LET DOSING WANT SINTE AF			
DEC.	STIN FL 32540				151 REGIOUS WAY, SUITE 1F DESTIN, FZ 32541			
TITLE D	71111 6 02010	DELETE	1.4 CHTY - 5	T-ZIP	DEBIN, +2 32341	Change	Addition	
11100	FF. BRANDON	Detere	2.1 T(TL€			Change	☐ Modition	
D 0	BOX 396 N/A		2.2 NAME	40000444				
DEC DONESS	STIN FL 32540		2.3 STREET					
TITLE D		DELETE	2. 4 CITY - 1 3.1 TITLE	SI-ZIP		Change	Addition	
ma	HUFF, CHANDLER					ப்படிக	LI AUGRIUII	
	BOX 396 N/A		3.2 NAME	ADDDCCC				
DEG	STIN FL 32540		3.3 STREET				- 1	
CITY-ST-ZIP DES		DELETE	3.4. CITY - S 4.1 TITLE	51 - ZIP		☐ Change	Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.2 NAME	Anapere			ŀ	
CITY-SI-ZIP			4.4 CITY - S				ŀ	
TITLE		DELETE	51 TITLE	11 - ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME		See Decete	5 2 NAME				- Andrews	
STREET ADDRESS			5 2 NAME 5 3 STREET	ADDRESS				
i							Į	
CITY-ST-ZIP TITLE		DELETE	5.4 City - S 6.1 Title	1 - ZIP		Change	Addition	
NAME		privite	6.2 NAME			T A MAIN A		
				ADDRESS			ļ	
STREET ADDRESS			6.3 STREET					
CITY-ST-ZIP	at the information or walled	A N	6.4 CITY-S	I - ZIP	Line Continue Add Office (Continue Add Office Continue Add Office	.ve 10	1.5	

increay certify that the information supplied with this filling 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 suppliemental 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 frustee 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.