

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90035 050 ***550.00

DOCUMENT # **P95000025360**

1. Corporation Name

MEDFIELD REALTY & INVESTMENT CORPORATION



Principal Place of Business

**7496 COMMERCIAL CIRCLE
FT PIERCE FL 34951
US**

Mailing Address

**7496 COMMERCIAL CIRCLE
FT PIERCE FL 34951
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1995

4. FEI Number

65-0585645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DONAHUE, EDWARD A.
7496 COMMERCIAL CIRCLE
FT PIERCE FL 34951**

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

I, 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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. NAME	☐ DELETE	1.4 CITY-STATE-ZIP	
5. STREET ADDRESS		2.1 TITLE	☐ Change ☐ Addition
6. CITY-STATE-ZIP		2.2 NAME	
7. NAME	☐ DELETE	2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY-STATE-ZIP	
9. CITY-STATE-ZIP		3.1 TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME	☐ DELETE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME	☐ DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	☐ Change ☐ Addition
22. NAME	☐ DELETE	6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)