

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000061706 (4)

1. Corporation Name

MID TOWN CONSTRUCTION COMPANY, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 580491  
ORLANDO FL 32859-0491

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ORLANDO FL 32859-0491

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 9/1

2. Principal Place of Business

2a. Mailing Address

21 2202 DUSKIN AVE

2a 20 BOX 590491

22 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 Orlando FL 32839

2a Orlando FL

24 City & State

2a City & State

25 Zip

2a Zip

26 Country

2a Country

9. Name and Address of Current Registered Agent

SMITH, PETER  
202 DUSKIN AVENUE  
ORLANDO FL 32839

3. Date Incorporated or Qualified

3a. Date of Last Report

08/10/1995

4. FEI Number 59-333-7496

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

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: PETER Smith

NOTE: Registered Agent Signature required when reinstating

DATE: 10/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, PETER  
202 DUSKIN AVENUE  
ORLANDO FL 32839

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE ☐

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE ☐

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE ☐

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE ☐

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE ☐

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and  
that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Peter Smith President

10/6/96 - 407-856-1344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (3/96)