

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066255 (6)
1. Corporation Name

MEDALLION ENTERPRISES, INC.



Principal Place of Business

Mailing Address

7702 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

7702 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/08/1996

4. FEI Number Applied For
59-3364704 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PAYNE, WILLIAM J
7702 INDIAN RIDGE TRAIL NORTH
KISSIMMEE FL 34747

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

TITLE PD ☒ DELETE

NAME PAYNE, PATRICIA L
STREET ADDRESS 7702 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE STD ☒ DELETE

NAME PAYNE, WILLIAM J
STREET ADDRESS 7702 INDIAN RIDGE TRAIL NORTH
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME PAYNE, WILLIAM J
1.3 STREET ADDRESS 7702 INDIAN RIDGE TRAIL NORTH
1.4 CITY-ST-ZIP KISSIMMEE, FL 34747

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME PAYNE, JEFFREY SCOTT
2.3 STREET ADDRESS 670 BRIGHTVIEW
2.4 CITY-ST-ZIP LAKE MARY, FL 32746

3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

3.2 NAME MURPHY, JAY C
3.3 STREET ADDRESS 331 JENNIE JEWELL DR
3.4 CITY-ST-ZIP ORLANDO, FL 32806

4.1 TITLE SECRETARY ☒ Change ☐ Addition

4.2 NAME PAYNE, PATRICIA L
4.3 STREET ADDRESS 7702 INDIAN RIDGE TRAIL NORTH
4.4 CITY-ST-ZIP KISSIMMEE, FL 34747

5.1 TITLE LEGAL COUNSEL ☐ Change ☒ Addition

5.2 NAME TROTTER, MARY F. P.A.
5.3 STREET ADDRESS 605 WELIVA SPRINGS RD SUITE 500
5.4 CITY-ST-ZIP LONGWOOD, FL 32779

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (4/97)