

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000018961

Entity Name: MIDWAY PARK, INC.

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1921 GREENWOOD DR  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1921 GREENWOOD DR  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 59-3446151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STILES, JAMES A  
1921 GREENWOOD DR  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STILES, JAMES A  
Address: 1921 GREENWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD  
Name: MCCORD, BEVERLY B  
Address: 503 VINNEDGE RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD  
Name: CHITTENDEN, ABIGAIL  
Address: 200 JOHN KNOX RD.  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES A STILES III

PD

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date