

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90122 016 ***550.00

0124840 AT

DOCUMENT # P97000045940

1. Entity Name

MID-BAY INVESTMENTS OF NORTHWEST FLORIDA, INC.



Principal Place of Business
**36468 EMERALD COAST PKWY
#6101
DESTIN FL 32541**

Mailing Address
**P.O. BOX 309
FT. WALTON BEACH FL 32549**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

34990 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite # 401

City & State

Destin, Florida

Zip

32541

Country

US

3. Mailing Address

34990 Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite # 401

City & State

Destin, Florida

Zip

32541

Country

US

4. FEI Number **59-3457208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEAD, MICHAEL W
24 WALTER MARTIN RD
FT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KRUSE, CRAIG J**
STREET ADDRESS **10 RACETRACK RD NW**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

TITLE **V** ☐ Delete
NAME **LYON, WILLIAM M**
STREET ADDRESS **P O BOX 16124 N/A**
CITY-ST-ZIP **MOBILE AL 36616**

TITLE **ST** ☐ Delete
NAME **MEAD, MICHAEL W**
STREET ADDRESS **24 WALTER MARTIN RD**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Kruse, Craig J**
STREET ADDRESS **34990 Emerald Coast Pkwy.**
CITY-ST-ZIP **Suite 401
Destin, FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)