

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90209 042 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # P98000007597

1. Corporation Name  
**MIDWAY ENGINEERING TECHNOLOGY, INC.**



Principal Place of Business Mailing Address  
~~5100 BAKER DAIRY ROAD~~ ~~5100 BAKER DAIRY ROAD~~  
~~HAINES CITY FL 33844~~ ~~HAINES CITY FL 33844~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/23/1998**

4. FEI Number Applied For  
**59-3489168** 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 Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **302 Grimes Dr.** 26 **P.O. Box 1433**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 **Auburndale, Fl.** 28 **Auburndale, Fl.**  
 City & State City & State

24 **33823** 25 **Polk** 29 **33823** 30 **Polk**  
 Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**THOMPSON, JANICE B**  
~~5100 BAKER DAIRY ROAD~~  
~~HAINES CITY FL 33844~~

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (Do not include apartment) **302 Grimes Dr.**  
 83  
 84 City **Auburndale** FL **33823**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, JANICE B</b>	1.2 NAME	
STREET ADDRESS	<del>5100 BAKER DAIRY ROAD</del>	1.3 STREET ADDRESS	<b>302 Grimes Dr.</b>
CITY-ST-ZIP	<del>HAINES CITY FL 33844</del>	1.4 CITY-ST-ZIP	<b>Auburndale, Fl. 33823</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Janice B. Thompson, President/Owner* 4-6-99 941-551-1557  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)