

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S12557 (2)

1. Corporation Name

ROSE MIDDLETON, INC.



Principal Place of Business

3400 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809

Mailing Address

3400 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809

3. Date Incorporated or Qualified

11/08/1990

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-3012428

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIDDLETON, GARY R  
3400 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32809

81

Name James Helmich

82

Street Address (P.O. Box Number is Not Acceptable)  
3400 S. Orange Blossom Trail

83

84

City Orlando,

FL

85

Zip Code 32809

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 the corporation)

NOTE: Registered Agent signature required when changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTSV	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLETON, GARY R	
STREET ADDRESS	848 MARLOWE AVE.	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIDDLETON, GARY R	
STREET ADDRESS	848 MARLOWE AVE.	
CITY - ST - ZIP	ORLANDO FL 32809	
TITLE	President	<input type="checkbox"/> DELETE
NAME	James Helmich	
STREET ADDRESS	1667 Watauga #301	
CITY - ST - ZIP	Orlando, FL 32812	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Marcia Middleton	
STREET ADDRESS	3400 S. Orange Blossom Trail	
CITY - ST - ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

James Helmich James Helmich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (407) 843-8168

Deputy Phone #

CR2E034 (12/95)