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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # S

S59563

(4)

MIDNIGHT BANDIT CORPORATION, INC.

Principal Place of Business		Mailing Address		, , , , , , , , , , , , , , , , , , , ,		
1110 3RD ST SOUTH		1110 3RD ST SO	2701			
ST PETERSBURG FL 33701 US		ST PETERSBURG FL 33	3701	DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
••				3. Date Incorporated or Qualified		
				06/10/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3069990	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & Stat		City & State			Fee Required	
City & Stat	e	1 ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	28	Country	8. This corporation owes or has pa		
24	25	29	30	Personal Property Tax due June		
24	9. Name and Address of Curre		130	10. Name and Address of New Re		
DIC	CE, THOMAS		81 Name			
444 ARA ATRICE A				ress (P.O. Box Number is Not Acceptat	ala)	
ST PETERSBURG FL 33701			62 Sireel Aud	ress (P.O. Box Number is Not Acceptat	леј	
O.	TETELODONO TE COTO		83			
			04 00		las I 75- O-d-	
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the above-named corp	poration submits this statement for the p	surpose of changing its registered	
office or r agent. I a	registered agent, or both, in the Stat Im familiar with, and accept the oblic	e of Honda. Such change was gations of, Section 60 7.0505 , f	s authorized by the corpora Florida Statules.	tion's board of directors. I hereby accep	of the appointment as registered	
SIGNATURE		,				
SIGNATURE	Signature, typed or printed name of trigistered as	gent and title if applicable (NC	OTE Registered Agent signature requi	* *	DATE	
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETÉ	1.1 TITLE		L Change L Addition	
NAME	RICE, THOMAS		1.2 NAME			
STREET ADDRESS	1110 3RD STREET S		1.3 STREET ADDRESS			
CITY-ST-ZIP	<u>\$T</u> PETERSBURG FL		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	RICE, CONSTANCE		2.2 NAME			
STREET ADDRESS	1110 3RD STREET S		2.3 STREET ADDRESS			
CITY-ST-ZIP	§T PETERSBURG FL	l onere	2.4 City-St-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME	:		3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP		Di-	
TITLE		☐ DÉLÉTE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		i	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		[7] DOLLETE	4.4 CITY-ST-ZIP		Observe D 4-distan	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		İ	
STREET ADDRESS			5.3 STREET ADDRESS		İ	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		T DETER	6.1 TITLE		Change Addition	
NAME			6.2 NAME			

14. Thereby 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.

6.4 CITY-ST-2IP