

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000035229

Entity Name: MIDDLEING HOSPITALITY, INC.**Current Principal Place of Business:**113 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561**Current Mailing Address:**113 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561**FEI Number:** 45-5062217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMPBELL, JAMES S
BYRD CAMPBELL, P.A.
180 PARK AVENUE NORTH - STE. 2A
WINTER PARK, FL 32789 US*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

Officer/Director Detail :

Title	VPD
Name	COREY, NINA
Address	1105 N. MARKET STREET, SUITE 1300
City-State-Zip:	WILMINGTON DE 19801

Title	VPD
Name	MCLAMB, DONALD
Address	1105 N. MARKET STREET, SUITE 1300
City-State-Zip:	WILMINGTON DE 19801

Title	D
Name	MACQUEEN, JULIAN
Address	BAYBRIDGE PROFESSIONAL PARK, BLDG 113
City-State-Zip:	GULF BREEZE FL 32561

Title	PRESIDENT
Name	NIXON, MICHAEL W
Address	BAYBRIDGE PROFESSIONAL PARK, BLDG 113
City-State-Zip:	GULF BREEZE FL 32561

Title	D
Name	RUBEN, CAROL
Address	BAYBRIDGE PROFESSIONAL PARK, BLDG 113
City-State-Zip:	GULF BREEZE FL 32561

Title	CFO
Name	MOORE, S BROOKS
Address	BAYBRIDGE PROFESSIONAL PARK, BLDG 113
City-State-Zip:	GULF BREEZE FL 32561

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: JULIAN MACQUEEN

D

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date