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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000000951 (4)

**1. Corporation Name
MID-FLORIDA CONTRACTING, INC.**

**Principal Place of Business Mailing Address
201 COLUMBIA ROAD 201 COLUMBIA ROAD
VALLEY CITY OH 44280 VALLEY CITY OH 44280**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/05/1993 3a. Date of Last Report 09/01/1994

4. FEI Number 34-1048591 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

| | | | |
|---------------------------------------|-----------|----------------------------|-----------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**KNOTTS, GREGORY
1202 DEER LAKE CIRCLE
APOKA FL 32712**

| | |
|-----------|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

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 reappointing) **DATE** _____

| 12. OFFICERS AND DIRECTORS | |
|-----------------------------------|------------------------------|
| TITLE | CP |
| NAME | KNOTTS, SARAH |
| STREET ADDRESS | 1202 DEER LAKE CIRCLE |
| CITY - ST - ZIP | APOKA FL |
| TITLE | VCST |
| NAME | NESPECA, BETSY |
| STREET ADDRESS | 7561 AVON LAKE RD |
| CITY - ST - ZIP | LODI OH |
| TITLE | D |
| NAME | MACK, DOUGLAS |
| STREET ADDRESS | 1229 W. RIVER ROAD |
| CITY - ST - ZIP | VALLEY CITY OH |
| TITLE | D |
| NAME | MACK, EMILY |
| STREET ADDRESS | 1229 W. RIVER ROAD |
| CITY - ST - ZIP | VALLEY CITY OH |
| TITLE | VP |
| NAME | MACK, HOWARD |
| STREET ADDRESS | 1229 W RIVER RD |
| CITY - ST - ZIP | VALLEY CITY OH |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|
| 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 110.07(3)(b), 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.

SIGNATURE: *Sarah Mack Nespeca* **2/24/95** **216/183-3111 X6806**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR