

FILE NOW: FILING FEE AFTER MAR 15, 1999

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90045 020 ***150.00

DOCUMENT # L49182 1. Corporation Name MID-FLORIDA LEGAL SERVICES, INC.

Mailing Address PO BOX 677 954 ORLANDO FL 32867-7954

Principal Place of Business PO BOX 677 954 ORLANDO FL 32867-7954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1990
4. FEI Number: 59-3067636
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: No

2. Principal Place of Business: PO Box 660548
21. Suite, Apt. #: etc.
22. City & State: CHuluota FL
23. Zip: 32766
24. Country: USA
25. Zip: 32766
26. Mailing Address: PO Box 660548
27. Suite, Apt. #: etc.
28. City & State: CHuluota FL
29. Zip: 32766
30. Country: USA

9. Name and Address of Current Registered Agent

JACKSON, JOAN 115 E 8TH ST CHULUOTA FL 32766

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City

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.

12. OFFICERS AND DIRECTORS

Table with 5 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes PD MILLER, CLOUD H., III and D JACKSON, JOAN.

Table with 6 columns for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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)(i), Florida Statutes. I further certify that the informant 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 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 Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99 Date (407) 366- Daytime Phone #