

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000044458 (4)**  
 1. Corporation Name  
**MIDLAND INSURANCE SERVICES, INC.**



Principal Place of Business <b>33 NORTH GARDEN AVENUE                  SUITE 1200                  CLEARWATER FL 34615</b>	Mailing Address <b>33 NORTH GARDEN AVENUE                  SUITE 1200                  CLEARWATER FL 34615</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 33 North Garden Ave.</b> Suite, Apt. #, etc. <b>22 Suite 1200</b> City & State <b>23 Clearwater, FL</b> Zip Country <b>24 33755 25</b>	2a. Mailing Address <b>26 33 North Garden Ave.</b> Suite, Apt. #, etc. <b>27 Suite 1200</b> City & State <b>28 Clearwater, FL</b> Zip Country <b>29 33755 30</b>
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3. Date Incorporated or Qualified <b>06/01/1995</b>	4. FEI Number <b>59-3395067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**GLOECKI, KEITH J  
 33 NORTH GARDEN AVENUE  
 SUITE 1200  
 CLEARWATER FL 34615**

10. Name and Address of New Registered Agent

81 Name <b>Gloeckl, Keith J.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>33 North Garden Avenue</b>
83 <b>Suite 1200</b>
84 City <b>Clearwater</b>
85 Zip Code <b>FL 33755</b>

11. Pursuant to the provisions of Sections 607.0102 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BANKS, ROBERT J</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GLOECKI, KEITH J</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MATHIS, RAY F</b>
STREET ADDRESS	<b>33 NORTH GARDEN AVENUE, SUITE 1200</b>
CITY-ST-ZIP	<b>CLEARWATER FL 34615</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Banks, Robert J.</b>
1.3 STREET ADDRESS	<b>33 North Garden Avenue, Suite 1200</b>
1.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Gloeckl, Keith J.</b>
2.3 STREET ADDRESS	<b>33 North Garden Avenue, Suite 1200</b>
2.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Mathis, Ray F.</b>
3.3 STREET ADDRESS	<b>33 North Garden Avenue, Suite 1200</b>
3.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
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 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 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: \_\_\_\_\_ Ray F. Mathis 4-1-98 (813) 461-4901

CR2E034 (10/97)