

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

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

04-01-1999 90083 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044458

1. Corporation Name
MIDLAND INSURANCE SERVICES, INC.

Principal Place of Business 33 NORTH GARDEN AVENUE SUITE 1200 CLEARWATER FL 33755 US	Mailing Address 33 NORTH GARDEN AVENUE SUITE 1200 CLEARWATER FL 33755 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 North Garden Avenue Suite, Apt. #, etc. 22 Suite 1200 City & State 23 Clearwater, FL Zip 24 33755	2a. Mailing Address 26 33 North Garden Avenue Suite, Apt. #, etc. 27 Suite 1200 City & State 28 Clearwater, FL Zip 29 33755	3. Date Incorporated or Qualified 06/01/1995	4. FEI Number 59-3395067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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 33755

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J	
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOECKI, KEITH J	
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHIS, RAY F	
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL 33755	
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	<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 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, with all other like empowered.

SIGNATURE: *Keith J. Gloeckl* 3/29/99 (727) 461-4801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)