

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAR 22 PH 4: 06

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **S27451** (1)
 1. Corporation Name
MID-ATLANTIC FINANCE CO., INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5001 US HIGHWAY 19 NORTH **6001 34TH STR NO**
ST. PETERSBURG FL 33714 **ST. PETERSBURG FL 33714**
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	15201 Roosevelt Blvd	26	6001 34TH STR NO	01/25/1991	04/15/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 104 Rain Center	27		59-3045824	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	CLEARWATER FL.	28		<input type="checkbox"/>	
24	Zip 34620	25	Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
MYERS, JAMES R
6001 34TH STR NORTH
ST. PETERSBURG FL 33714

10. Name and Address of New Registered Agent
 81 Name **Kevin Hawkins**
 82 Street Address (P.O. Box Number is Not Acceptable)
15201 ROOSEVELT BLVD #104
 83
 84 City **CLEARWATER** FL 85 Zip Code **34620**

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 officer 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 *Kevin Hawkins* **Kevin Hawkins** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, DWAYNE	1.2 NAME	
STREET ADDRESS	8401 TALLAHASSEE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, ANGELA	2.2 NAME	
STREET ADDRESS	878 SAN CARLOS CT	2.3 STREET ADDRESS	8680 Burning Tree Circle
CITY-ST-ZIP	ST PETE FL	2.4 CITY-ST-ZIP	SEMINOLE FL. 34647
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dwayne Hawkins* **DWAYNE HAWKINS** 202295