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

**PROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F26891

MID-BAY REALTY SERVICES. INC.

Principal Place of Business Mailing Address 4540 HWY 20 E P.O. BOX 5220 NICEVILLE FL 32578

FILED May 15 1998 8:00am Secretary of State



NICEVILLE FL 32578 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1471740 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WEAVER, DAVID C 81 4540 HWY 20 E **B2** Street Address (P.O. Box Number is Not Acceptable) **NICEVILLE FL 32578** 83 84 City 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 reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition ZIVAN, JEROME A NAME 12 NAME 4540 HWY 20 E STREET ADDRESS 1.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 1.4 City-St-7iP DELETE TITLE Change 2.1 TITLE Addition HADDIX, ANDREA NAME 2.2 NAME 4540 HWY 20 E STREET ADDRESS 2.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE ☐ Change 3.1 TITLE Addition HARRIS, HELENE R. NAME 3.2 NAME 4540 HWY 20 E STREET ADDRESS 3.3 STREET ADDRESS **NICEVILLE FL** CITY-ST-ZIP 3.4. CITY - ST - 2(P DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZiP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 composition or true for the report of the composition of t