

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 213095

(3)

1. Corporation Name

MID-STATE HOMES, INC.

Principal Place of Business

Mailing Address

1500 N DALE MABRY
PO BOX 31601
TAMPA FL 33631-3601

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PO BOX 31601
TAMPA FL 33631-3601

APPROVED
AND
FILED

95 MAY -1 PM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 06/18/1958 3a. Date of Last Report 05/01/1994

4. FEI Number 59-0945134 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURBVILLE, JOHN F.
1500 N. DALE MABRY
TAMPA FL 33607

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 then a signature)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WALTER, JAMES W
STREET ADDRESS 1500 N DALE MABRY
CITY ST ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE VS
NAME MOOK, B. L.
STREET ADDRESS 1500 N DALE MABRY
CITY ST ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE PD
NAME SALARIO, SAM J.
STREET ADDRESS 3639 BERGER RD
CITY ST ZIP LUTZ FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE T
NAME BAKER, WM
STREET ADDRESS 1500 N DALE MABRY
CITY ST ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE V
NAME CLARKSON, H.R.
STREET ADDRESS 2304 MARY GLEN DR
CITY ST ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE ~~V~~
NAME ~~POLLOCK, A. M.~~
STREET ADDRESS ~~6018 MURRAY HILL DR.~~
CITY ST ZIP ~~TAMPA FL~~

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME V/D
6.3 STREET ADDRESS MATLOCK, K. J.
6.4 CITY ST ZIP 1500 NO. DALE MABRY
TAMPA, FL

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)(b), 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 addressee.

SIGNATURE:

W.K. Baker

W.K. BAKER, TREASURER

4/26/95

813-871-4171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number