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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 333956**

1. Corpo ation Name

MID-COUNTY SERVICES, INC.

026209

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90082 034 \*\*\*150.00



Mailing Address Principal Place of Business 2335 SANDERS RD 2335 SANDERS RD P. O. BOX 4100 P. O. BOX 4100 DO NOT WRITE IN THIS SPACE NORTHBROOK IL 60062 NORTHBROOK IL 60062 3. Date incorporated or Qualifed 08/19/1968 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1229280 Not Applicable 26 21 Suite, /\pt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Zio Country Zip This corporation owes the current year Intangible Personal Property Tax. 24 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street A Idress (P.O. Bo ( Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bcth, 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. CEO DELETE Change ☐ Addition 1.1 TITLE TITLE CAMAREN, JAMES 12 NAME NAME 2335 SANDERS RD 1.3 STREET ADDRESS STREET ADDRESS NORTHBROOK IL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE DEMAREE, DAVID H. 2.2 NAME NAME 2335 SANDERS RD STREET ADDRESS 2.3 STREET ADDRESS NORTHBROOK IL 2, 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 3.1 TITLE TITLE SCHUMACHER, LAWRENCE NAME 3.2 NAME 2335 SANDERS RD 3.3 STREET ADDRESS STREET ADDRES NORTHBROOK IL 3.4, CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change Addition 4.1 TITLE TILE WENZ, CARL 4. 2 NAME NAME 2335 SANDERS RD STREET ADDRES 4.3 STREET ADDRESS Northbrook Il 44 CITY-ST-ZIP CITY-ST-ZIF X(X) Change Addition DELETE 51 TITLE **TITLE** Dopuch, Andrew DOPUCH, ANDREW 5.2 NAME NAME 2335 SANDERS RD 5.3 STREET ADDRESS 2335 Sanders Road STREET ADDRES NORTHBROOK IL 5.4 CITY-ST-ZIF Northbrook, IL 60062 CITY-ST-ZIP 6.1 TITLE DELETE Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 indicate I 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 unrier oath; that I am an officer or director of the carporation or the carporation or the carporation or the carporation or the carporation of the Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIF

**SIGNATURE** 

CITY-ST-ZIP

AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(11/98)CR2E034