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

APPROVED
AND
FILED

DOCUMENT # **369185** **(4)**

1. Corporate Name
MID-STATE ENERGY, INC.

Principal Place of Business
210 E NORTH AVENUE
LAKE WALES FL 33853-3218

Mailing Address
210 E NORTH AVENUE
LAKE WALES FL 33853-3218

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 09/02/1970
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #
22
City & State
23
Zip
24 25

2a. Mailing Address
26
Suite, Apt. #
27
City & State
28
Zip
29 30

4. FEI Number: 59-1307713
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 Fees

6. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALLEN, K.E., SR
500 W COLEMAN DRIVE SE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

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 Section 607.0505, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	ALLEN, K.E., SR	
STREET ADDRESS	500 W. COLEMAN DR. SE	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE	VD	☐ Change ☐ Addition
NAME	ALLEN, K.E., JR	
STREET ADDRESS	3447 REDWOOD WAY	
CITY, ST, ZIP	LAKE WALES FL	
TITLE	VD	☐ Change ☐ Addition
NAME	HARTSFIELD, CINDY A.	
STREET ADDRESS	3635 BLACK JACK COURT	
CITY, ST, ZIP	LAKE WALES FL	
TITLE	TSD	☐ Change ☐ Addition
NAME	ALLEN, MARGARET F.	
STREET ADDRESS	500 W. COLEMAN DR SE	
CITY, ST, ZIP	WINTER HAVEN FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is accurate and does not exceed the authorized scope of business under Chapter 607, Florida Statutes. I further certify that the information indicated on the 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 a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: K.E. Allen Sr. — 5-8-95 — 813.676.8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
K.E. Allen Sr.

0917277 CP