FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 369185 **(4)**

1. Corporation 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

3. Date Incorporated or Qualified: **09/02/1970**
3a. Date of Last Report: **05/11/1995**
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
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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: Allen, K.E. SR.
82 Street Address (P.O. Box Number is Not Acceptable): 4012 Cypress Landing
83
84 City: Winter Haven, Fl **FL** 85 Zip Code: 33884

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 ______ DATE ______
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
TITLE: **PD** ☐ DELETE NAME: **ALLEN, K.E., SR** STREET ADDRESS: **500 W. COLEMAN DR. SE** CITY-ST-ZIP: **WINTER HAVEN FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 4012 Cypress Landing Winter Haven, Fl 33884
TITLE: **VD** ☐ DELETE NAME: **ALLEN, K.E., JR** STREET ADDRESS: **3447 REDWOOD WAY** CITY-ST-ZIP: **LAKE WALES FL**	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: **VD** ☐ DELETE NAME: **HARTSFIELD, CINDY A.** STREET ADDRESS: **3635 BLACK JACK COURT** CITY-ST-ZIP: **LAKE WALES FL**	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☑ Change ☐ Addition 2410 Fox Run Drive Lake Wales, Fl 33853
TITLE: **TSD** ☐ DELETE NAME: **ALLEN, MARGARET F.** STREET ADDRESS: **500 W. COLEMAN DR SE** CITY-ST-ZIP: **WINTER HAVEN FL**	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☑ Change ☐ Addition 4012 Cypress Landing Winter Haven, Fl 33884
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K.E. Allen Sr. K.E. Allen Sr. 4-24-96 941-676-8707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)