

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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
---	---



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1970	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1307713		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country		

9. Name and Address of Current Registered Agent

**ALLEN, K.E., SR
4012 CYPRESS LANDING
WINTER HAVEN FL 33884**

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 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 type: ☐ typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, K.E., SR	1.2 NAME	
STREET ADDRESS	4012 CYPRESS LANDING	1.3 STREET ADDRESS	115 WYNHAM DR.
CITY-STATE-ZIP	WINTER HAVEN FL	1.4 CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, K.E., JR	2.2 NAME	
STREET ADDRESS	3447 REDWOOD WAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WALES FL	2.4 CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTSFIELD, CINDY A.	3.2 NAME	
STREET ADDRESS	2410 FOX RUN DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE WALES FL	3.4 CITY-STATE-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, MARGARET F.	4.2 NAME	
STREET ADDRESS	4012 CYPRESS LANDING	4.3 STREET ADDRESS	115 WYNHAM DR.
CITY-STATE-ZIP	WINTER HAVEN FL	4.4 CITY-STATE-ZIP	WINTER HAVEN, FL 33884
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 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:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

941-278307

Daytime Phone #

0394431

CR2E034 (9/96)