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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 369185

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

09/02/1970

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 owes the current year Intangible
Personal Property Tax.

Yes No

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

ALLEN, K.E., SR.

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

115 WYNDHAM DR.

83

84 City

WINTER HAVEN

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ALLEN, K.E., SR
STREET ADDRESS 115 WYNDHAM DR
CITY-ST-ZIP WINTER HAVEN FL

TITLE VD
NAME ALLEN, K.E., JR
STREET ADDRESS 3447 REDWOOD WAY
CITY-ST-ZIP LAKE WALES FL

TITLE VD
NAME HARTSFIELD, CINDY A.
STREET ADDRESS 2410 FOX RUN DRIVE
CITY-ST-ZIP LAKE WALES FL

TITLE TSD
NAME ALLEN, MARGARET F.
STREET ADDRESS 115 WYNDHAM DR
CITY-ST-ZIP WINTER HAVEN FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

941-676-3910

Daytime Phone #

CR2E034 (11/98)