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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:57

DOCUMENT # 459678 (9)

1. Corporation Name
MID STATE ELECTRIC, INC.

Principal Place of Business	Mailing Address
1075A ORIENTA AVE ALTAMONTE SPGS FL 32701 US	1075A ORIENTA AVE ALTAMONTE SPGS FL 32701 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1974
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-1546504 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAVELLE, JOYCE
6019 ANNO AVENUE
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name: SAVELLE, JOYCE
82 Street Address (P.O. Box Number is Not Acceptable): 1075A ORIENTA AVE
83
84 City: ALTAMONTE SPGS, FL 85 Zip Code: 32701

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: Joyce Savelle Joyce SAVELLE 2/6/95
Signature, 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	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MORRIS, ROBERT H II	1.2 NAME	LUCAS, JAMES C.	
STREET ADDRESS	6019 ANNO AVE	1.3 STREET ADDRESS	1075A ORIENTA AVE	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701	
TITLE	F	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SAVELLE, JOYCE	2.2 NAME	MORRIS, ROBERT H II	
STREET ADDRESS	6019 ANNO AVE	2.3 STREET ADDRESS	1075A ORIENTA AVE	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	SAVELLE, J.	3.2 NAME		
STREET ADDRESS	6019 ANNO AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	VP	☐ Change ☒ Addition
NAME		4.2 NAME	COPPEDGE, STEVEN	
STREET ADDRESS		4.3 STREET ADDRESS	1075A ORIENTA AVE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ALTAMONTE SPGS, FL 32701	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Joyce Savelle Joyce SAVELLE Sec./Treas 2/6/95 407-339-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0035070 CP