

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 459678

1. Entity Name

MID STATE ELECTRIC, INC.



Principal Place of Business

1075A ORIENTA AVE
ALTAMONTE SPGS FL 32701
US

Mailing Address

1075A ORIENTA AVE
ALTAMONTE SPGS FL 32701
US

FILED
05 MAR -2 AM 8:39

02/03/05 90042013 1806



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1546504

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVELLE, JOYCE
1075A ORIENTA AVE
ALTAMONTE SPRGS FL 32701

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CB
NAME LUCAS, JAMES C
STREET ADDRESS 1075 A ORIENTA AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE P
NAME MORRIS, ROBERT H II
STREET ADDRESS 1075 A ORIENTA AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE STVP
NAME SAVELLE, JOYCE
STREET ADDRESS 1075 A ORIENTA AVE.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME MARSHALL THOMPSON
STREET ADDRESS 1075A ORIENTA AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS, FLORIDA 32701 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James C. Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C LUCAS CB

2/28/05

407-339-8686

Date

Daytime Phone #