

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:13

DOCUMENT # 525211 (9)

1. Corporation Name
MID-FLORIDA ELECTRIC, INC.

Principal Place of Business: 10002 WILLIAMS ROAD
PO BOX 270424
TAMPA FL 33688

Mailing Address: 10002 WILLIAMS ROAD
PO BOX 270424
TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1977
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1721451
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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: Country: 24
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: Country: 29
30

9. Name and Address of Current Registered Agent

SWEGER, ROBERT L
4311 NORTH PARK
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84
85 Zip Code: FL

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the address is:

(P.O. Box Number is Not Acceptable)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE: PD
2. NAME: SWEGER, ROBERT L
3. STREET ADDRESS: 4311 NORTH PARK
4. CITY - ST - ZIP: TAMPA, FL 00000
5. TITLE: V
6. NAME: SWEGER, DEBRA A
7. STREET ADDRESS: 4311 NORTH PARK
8. CITY - ST - ZIP: TAMPA, FL 00000
9. TITLE: S
10. NAME: CERMAK, SCOTT
11. STREET ADDRESS: 17546 LIVINGSTON AVE.
12. CITY - ST - ZIP: LUTZ FL
13. TITLE:
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE: ☐ Change ☐ Addition
2. 2. NAME:
3. 3. STREET ADDRESS:
4. 4. CITY - ST - ZIP:
5. 5. TITLE: ☐ Change ☐ Addition
6. 6. NAME:
7. 7. STREET ADDRESS:
8. 8. CITY - ST - ZIP:
9. 9. TITLE: ☒ Change ☐ Addition
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14. I do hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information included 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 registered agent 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: Robert L. Sweger, President

SIGNATURE AND TYPE OF PRINTED NAME OF RECORDS OFFICER OR DIRECTOR

1/27/95

813/961-8493