

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **694189**

(2)

1. Corporation Name

MID STATE MOTORS, INC.

Principal Place of Business

C/O WESLEY A. WHEELER
1824 N.W. PINE AVENUE
OCALA FL 34479
US

Mailing Address

C/O WESLEY A. WHEELER
1824 N.W. PINE AVENUE
OCALA FL 34479
US



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**WHEELER, JOHN M
1824 N.W. PINE AVENUE
OCALA FL 34479**

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

John M. Wheeler

Signature type, for print or block, of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

1/1/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, WESLEY A.		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1824 N.W. PINE AVE		1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	OCALA FL		1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JOHN M		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1824 NW PINE AVE		2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP	OCALA FL		2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP			6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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:

Wesley A. Wheeler

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/96 944-732-6242

Daytime Phone #

CR2E034 (12/95)