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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **828329** **(3)**

1. Corporation Name
MID-CONTINENT ELECTRIC, INC.

Principal Place of Business	Mailing Address
3663 ARNOLD AVE NAPLES FL 33942	3663 ARNOLD AVE NAPLES FL 34104-3380

3. Date Incorporated or Qualified: 07/21/1972
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 4586 Progress Avenue
Suite, Apt. #, etc. 22
City & State 23 Naples Florida
Zip 24 34104 Country 25 Collier

2a. Mailing Address
26 4586 Progress Avenue
Suite, Apt. #, etc. 27
City & State 28 Naples Florida
Zip 29 34104 Country 30 Collier

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent
ELLSWORTH DOUG MCINTYRE
5060 4TH AVENUE SW
NAPLES FL 33999

10. Name and Address of New Registered Agent
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 [signature] 3-27-97
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	VT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KINGSBURY, JAMES E.		1.2 NAME		
STREET ADDRESS	3663 ARNOLD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 3		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCINTYRE, ELLSWORTH DOUG		2.2 NAME		
STREET ADDRESS	5060 4TH AVE SW		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	Secretary	☑ Change ☐ Addition
NAME	MADDOX, JODI A		3.2 NAME	Karen J. McIntyre	
STREET ADDRESS	4186 GOLDEN GATE PKWY		3.3 STREET ADDRESS	5060 4th Avenue	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples Florida 34119	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 3-27-97 941-643-0364