FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

FILED Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 828329 (3) MID-CONTINENT ELECTRIC, INC. Principal Place of Business Mailing Address 4586 PROGRESS AVE 4586 PROGRESS AVE NAPLES FL 34104 NAPLES FL 34104 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1972 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 NOT APPLICABLE Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \mathbf{K} 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 25 Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **ELLSWORTH DOUG MCINTYRE** 5060 4TH AVENUE SW 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33999 83 84 City Zip Code ions 607,9502 and 602,4508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the dyligations of Section 607,6505, Florida Statutes. Pursuant to the provisions of Secoffice of registered agent, or bot agent. I am lampter with, and according to the second s March 25, 1998 Doug McIntyre, President SIGNATURE ame of registered agent and title if applicab OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. X DELETE Change TITLE 1.1 TITLE Addition KINGSBURY, JAMES E. NAME 1.2 NAME 3663 ARNOLD AVE 1.3 STREET ADDRESS STREET ADDRESS NAPLES, FL 3 1.4 CITY-\$1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCINTYRE, ELLSWORTH DOUG 2.2 NAME NAME **5060 4TH AVE SW** STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Treasurer X Addition 31 DILE Change TITLE MCINTYRE, KAREN J 3.2 NAME NAME 5060 4 AVE STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TATUE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 atmosf 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.

March 26, 1998 941-643-0266