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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90023 031 ***158.75

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **F26891**

1. Corporation Name

CITY-ST-ZIP

MID-BAY	REALTY SERVICES, INC.					
Principal Place	of Business	Mailing Address			UIDII UIDII BIDII QII	
4540 HWY 20 E P.O. BOX 5220 NICEVILLE FL 32578 NICEVILLE FL 32578		P.O. BOX 5220		DO NOT WRITE IN THIS SPACE		
00		•		3. Date incorporated or Qualifed		
				03/25/1981		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21		26		58-1471740		Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	I .
City & State		City & State		6. Election Campaign Financing	\$5.00 1	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year le	ntangible 👡	
24	25	29 3	0	Personal Property Tax.	☐ Yes]	240
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent /	
81 Name Te				Jerome A. Zivan		
	VER, DAVID C		1 1	dress (P.O. Box Number is Not Acceptable)		
4540 HWY 20 E				1540 Highway 20 East		
NICE	VILLE FL 32578		83			1
	,		84 City	Viceville F	85 Zip C 3 2 5	78
and a second sec						
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 607.0505, Florida Statutes.						
SIGNATURE	from a sur		Jerome A.		<u> 999 </u>	
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
12.	PD OFFICERS AND	DELETE	1.1 TITLE	7,551,101,031,111,020,10	Change	Addition
TITLE	ZIVAN, JEROME A		1.2 NAME		•	_
NAME	4540 HWY 20 E		1.3 STREET ADDRESS			
STREET ADDRESS						ľ
CITY-ST-ZIP	NICEVILLE FL	X DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	ST	Change	Addition
TITLE	ST .	(A) DELETE		Donna Wargo	_ · · ·g-	375
NAME	HADDIX, ANDREA		2.2 NAME	4540 Highway 20 East		1
STREET ADDRESS	4540 HWY 20 E		2.3 STREET ADDRESS	Niceville, FL 32578	-	
CITY-ST-ZIP	NICEVILLE FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	NICEVILLE, FL 32376	Change	Addition
TITLE	V		3.1 TITLE 3.2 NAME		<u> </u>	_
NAME	HARRIS, HELÊNE R.		1			
STREET ADDRESS	4540 HWY 20 E		3.3 STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE						_
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME		2.∞u3o	
NAME			5.3 STREET ADDRESS			•
STREET ADDRESS						
CITY-ST-ZIP		, Clasicae	5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE		☐ DELETÉ	1			
NAME			6.2 NAME			
STREET ADDRESS	l i i i i i i i i i i i i i i i i i i i		6.3 STREET ADDRESS	• •		

didress, with all other like empowered.

Helene R. Harris SIGNATURE <u>(850)897-6430</u>

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 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

6.4 CITY-ST-ZIP