

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90023 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F26891

1. Corporation Name
MID-BAY REALTY SERVICES, INC.



Principal Place of Business: 4540 HWY 20 E, NICEVILLE FL 32578, US
 Mailing Address: P.O. BOX 5220, NICEVILLE FL 32578, US

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 03/25/1981 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 58-1471740 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | | 28 | | X | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year Intangible Personal Property Tax. | |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WEAVER, DAVID C 4540 HWY 20 E NICEVILLE FL 32578 | | | | 81 Name Jerome A. Zivan | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 4540 Highway 20 East | | | |
| | | | | 83 | | | |
| | | | | 84 City Niceville FL 85 Zip Code 32578 | | | |

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: Jerome A. Zivan Jerome A. Zivan March 30, 1999

| | | | |
|----------------------------|-------------------|---|----------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 1.1 TITLE | |
| NAME | ZIVAN, JEROME A | 1.2 NAME | |
| STREET ADDRESS | 4540 HWY 20 E | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | ST | 2.1 TITLE | ST |
| NAME | HADDIX, ANDREA | 2.2 NAME | Donna Wargo |
| STREET ADDRESS | 4540 HWY 20 E | 2.3 STREET ADDRESS | 4540 Highway 20 East |
| CITY-ST-ZIP | NICEVILLE FL | 2.4 CITY-ST-ZIP | Niceville, FL 32578 |
| TITLE | V | 3.1 TITLE | |
| NAME | HARRIS, HELENE R. | 3.2 NAME | |
| STREET ADDRESS | 4540 HWY 20 E | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NICEVILLE FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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, with all other like empowered.

SIGNATURE: Helene R. Harris Helene R. Harris Vice President 3/30/99 (850)897-6430

CR2E034 (11/98)