

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000001386 (1)

1. Corporation Name

MID-AMERICA INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

307 WEST 7TH STREET
SUITE 400
FT. WORTH TX 76102
US

307 WEST 7TH STREET
SUITE 400
FT. WORTH TX 76102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

58-1664363

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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, 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 CPD ☐ DELETE

NAME WATSON, CHRISTOPHER E
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME DECARLO, DONALD T
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE SV ☐ DELETE

NAME ZIPPER, MICHAEL E
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE TVD ☐ DELETE

NAME ZIEGLER, KENT
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

NAME BANTIS, SPIRO K
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME FRITTS, SCOTT
STREET ADDRESS 388 GREENWICH ST, 21ST FLOOR
CITY-ST-ZIP NEW YORK NY

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 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]* *[Signature]* 4/14/98 (111) 922 3000

CR2E034 (10/97)