

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 23 1998 8:00am
Secretary of State

DOCUMENT # F96000003879 (1)

1. Corporation Name

MID AM RECOVERY SERVICES, INC.

Principal Place of Business

18167 U.S. HIGHWAY 19 NORTH
SUITE 200
CLEARWATER FL 34624

Mailing Address

18167 U.S. HIGHWAY 19 NORTH
SUITE 200
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1996

4. FEI Number

34-4479500

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MANDULA, MARK
STREET ADDRESS 18167 US HWY 19 NORTH, STE 200
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE X PD
NAME SOUDER, W G
STREET ADDRESS 222 S MAIN ST.
CITY-ST-ZIP BOWLING GREEN OH

☐ DELETE

TITLE Y
NAME NEMEC, DENNIS
STREET ADDRESS 222 S MAIN ST.
CITY-ST-ZIP BOWLING GREEN OH

☐ DELETE

TITLE D
NAME FRANCISCO, DAVID
STREET ADDRESS 222 S MAIN ST.
CITY-ST-ZIP BOWLING GREEN OH

☐ DELETE

TITLE D
NAME LAUGHLIN, JAMES
STREET ADDRESS 36 N DETROIT
CITY-ST-ZIP XENIA OH

☐ DELETE

TITLE D
NAME TESSENDORF, RICHARD
STREET ADDRESS 4783 N BEND ROAD
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME KLUMB, MARCE L.
1.3 STREET ADDRESS 221 S. CHURCH ST
1.4 CITY-ST-ZIP BOWLING GREEN, OH

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME

☒ Change ☐ Addition

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 in an attachment with an address.

SIGNATURE

CR2E034 (10/97)