

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90205 036 \*\*\*158.75

DOCUMENT # F96000003879

1. Corporation Name

- MID-AM RECOVERY SERVICES, INC. -

SKY ASSET MANAGEMENT SERVICES, INC. N/C 3/1/99

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

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

81 Name

N/A

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 S ☒ DELETE

NAME KLUMB, MARCI L  
STREET ADDRESS 221 S CHURCH ST  
CITY-ST-ZIP BOWLING GREEN OH 43402

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME A. PAUL MOLLE'  
1.3 STREET ADDRESS 18167 US 19 NORTH #250  
1.4 CITY-ST-ZIP CLEARWATER FL 33764

TITLE PD ☒ DELETE

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

2.1 TITLE PD ☐ Change ☒ Addition

2.2 NAME LEE J. CIESLAK  
2.3 STREET ADDRESS 18167 US 19 NORTH #200  
2.4 CITY-ST-ZIP CLEARWATER FL 33764

TITLE T ☒ DELETE

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

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME LARRY C. COLTON  
3.3 STREET ADDRESS 18167 US 19 NORTH #200  
3.4 CITY-ST-ZIP CLEARWATER FL 33764

TITLE D ☐ DELETE

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

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME EDWARD J. REITER  
4.3 STREET ADDRESS 221 S CHURCH STREET  
4.4 CITY-ST-ZIP BOWLING GREEN OH 43402

TITLE D ☐ DELETE

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

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME DONALD D. THOMAS  
5.3 STREET ADDRESS 12415 NEOWASH ROAD  
5.4 CITY-ST-ZIP WHITEHOUSE OH 43571

TITLE D ☐ DELETE

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

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME JOSEPH N. TOSH, II  
6.3 STREET ADDRESS ONE CENTURY PLACE  
6.4 CITY-ST-ZIP ROCHESTER PA 15074

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

(727) 524-7243

Date

Daytime Phone #

CR2E034 (1/198)