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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G65953

(3)

## MID-CONTINENT GUARANTY COMPANY

FILED
Apr 29 1997 8:00am
Secretary of State



	ce of Business	Mailing Address			4 SAMHER MAND MAKAL BAND ABEN MAKAN	till Milter diatit midti i	Nati Aleit i	#1811 1 <b>89</b> 1
6054 D STREI COBOX 676 CEDAR KEY F		9034-D-6TMERS. P.O.BOX 675 CEDAR KEY FL 326	1000-D-STMERT.					
US		US				3. Date Incorporated or Qualified Sa. Date of Last Report 10/21/1983 04/24/1996		port
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		26			59-2339204		Not	Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc	i.		5. Certificate of Status Desired		8.75 A	
22		27			5. Octamosia de Diales Desires		Fee Req	quired
City & Stat	le	City & State			6. Election Campaign Financing		55.00 h	
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	ry	8. This corporation has liability for			199.032,
24	25	[29]	30		Florida Statutes	Yes No		
	9. Name and Address of C	urrent Registered Agent	8	1 Name	10. Name and Address of New F	tegistered Ager	16	
	JIMBY, JOHN A		٦	Naille				
	HE HODGES & ANDREWS (	PROE.	8	2 Street Ad	dress (P.O. Box Number is Not Accept	able)		
	1:BOX-673		-		aress (P.O. Box number is not accept a compart of the compart of t	us Cir	•	
CE	DAR KEY FL 32625		8	3	•			
			Ē	4 City	The state of the s	85	Zip C	ode
				'		FL.		
11. Pyrsuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida S	Statutes, the abo	ve-named co	reporation submits this statement for the	purpose of cha	nging its	registered
agent La	am familiar with, and accept the	obligations of, Section 607.050	5, Florida Statut	es.	ation's board of directors. I hereby acc	opt the appoint	10/11/00/1	ogiotoroa
	•							
SIGNATURE	Segration Hypedian proceed name of register	red agent and title if applicable	(NOTE: Registered A	gent signature rec	quired when reinstaling)	DATE		
12.	OFFICER	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTORS	3 IN 12
THILF	PCD	DELET	E 1,1 TITLE				Change	Addition
NAME	QUIMBY, JOHN A		1.2 NAM	E		^		
STREET ADDRESS	ALUELIA DA GALLA MAGINA	<del>ro-</del> Cir	1.3 STAE	ET ADDRESS	16217 ANDRE	ws CI	K.	
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6. For hereby certify that the information supplied with his filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this influence report of supplemental annual root is true and accurate and that my signature shall have the same legal effect as if made under oath; the farm an officer or director of the corporation of the reporter or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapter 6, or on an allowing with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 (38 L) 543 9447 Dayline Prione +