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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G91111

1. Corporation Name

MID-STATE ENGINEERS & ASSOCIATES, INC.

| Principal Place | e of Business | Mailing Address | | | | | · · · · · · · · · · · · · · · · · · · | | | |
|---|--|---|---|--|---|--|---------------------------------------|--------------------------------|----------------------|---------------------------------------|
| 308 BOLENDER | | 308 BOLENDER RD | | | | | | | • | |
| BOLENDER ROAD AUBURNDALE FL 33823 US | | BOLENDER ROAD AUBURNDALE FL 33823 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | US 4 | | | | 3. Date Incorporated or Qualifed | | | | |
| 00 | • | | | | | 03/13/1984 | | | | |
| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Т | Applie | ed For |
| 21 | | 26 | | | | 59-1173823 | , | | | pplicable |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | | \$8.7 | 5 Add | |
| 22 | , , , , , , | 27 | | | | 5. Certifcate of Status Desired | \mathcal{L} | | e Requ | |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5. | 00 ма | av Be |
| 23 | · . | 28 | | | | Trust Fund Contribution | \Box . | | led to F | - 1 |
| Zip | Country | Zip | Cou | intry | | 8. This corporation owes the curre | ent year Inta | ngible | | |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | - | ☐ Yes | | No |
| | 9. Name and Address of Current | | ! | L | | 10. Name and Address of New R | Registered A | gent | | |
| | | | | 81 | Name | | - | | | |
| MUL | FORD, GERALDINE | | | - | 0 | (D.O. Ber Nille has in Net Accords | hlo) | | | |
| 308 | BOLENDER RD | | | 82 | Street Addre | ress (P.O. Box Number is Not Accepta | iole) | | | ļ |
| AUB | URNDALE FL 33823 | | | 83 | | | • | | | |
| | • | | | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | • | 84 | City | , | FL | 85 | Zip Cod | de |
| | | | | | | | | | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statu | ites, the a | bove- | named corp | oration submits this statement for the | purpose of c | hangin | g its re | gistered |
| office or n agent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati | if Piorida. Such change was | autnorized | a ov tn | named:corp ne corporatio | oration submits this statement for the on's board of directors. I hereby accep | -purpose of 6 of the appoin | changin itment a | g its re is regis | gistered tered |
| · Office or n | egistered agent or both in the State o | ons of, Section 607.0505, Fl | autnorizeo orida Stat | d by th tutes. | те согротацо | on's popula of directors. Thereby accept | DATE | | | |
| office or n agent. I a | egistered agent, or both, in the State om familiar with, and accept the obligation of the state | ons of, Section 607.0505, Fl and title if applicable (NOT | authorized orida Stat E: Registered | d by the | те согротацо | on's board of directors. Thereby accep | DATE | D DIRE | CTORS | S IN 12 |
| office or n agent. I a | egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PD | ons of, Section 607.0505, Fl | authorized orida Stat | d by the | те согротацо | on's popula of directors. Thereby accept | DATE | | CTORS | |
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| office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS | egistered agent, or both, in the State of m familiar with, and accept the obligation of the property of the state of the s | ons of, Section 607.0505, Fl and title if applicable (NOT | E: Registered 13. 1.1 TI 1.2 N | ITLE TREET A | signature required | on's popula of directors. Thereby accept | DATE | D DIRE | CTORS | S IN 12 |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP