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Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # H31045 (8)  
1. Corporation Name: MID-GULF ASSOCIATES, INC.



Principal Place of Business: 1055 S.TAMIAMI TR.,STE.204 P.O.BOX 49828 SARASOTA FL 34230  
Mailing Address: 1055 S.TAMIAMI TR.,STE.204 P.O.BOX 49828 SARASOTA FL 34230-6828

3. Date Incorporated or Qualified: 11/21/1984  
3a. Date of Last Report: 03/25/1996  
4. FEI Number: 59-2469264  
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21 2197 RINGLING BLVD  
22 City & State: 23 SARASOTA, FL  
24 Zip: 34237 25 Country: USA  
2a. Mailing Address: 26 P.O. BOX 49828  
27 City & State: 28 SARASOTA, FL  
29 Zip: 34230 30 Country: USA

9. Name and Address of Current Registered Agent: LEWIS, JERRY D. 1055 S.TAMIAMI TR.,STE.204 SARASOTA FL 34237

10. Name and Address of New Registered Agent: 81 Name: LEWIS, JERRY D. 82 Street Address: 2197 RINGLING BLVD 84 City: SARASOTA FL 85 Zip Code: 34237

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: *Jerry D. Lewis* JERRY D. LEWIS, V.D. DATE: 1/6/97

12. OFFICERS AND DIRECTORS

TITLE: P	NAME: CHRISTENSEN, STUART	STREET ADDRESS: 4243 ESCONDITO CIRCLE	CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE
TITLE: V	NAME: LEWIS, JERRY D.	STREET ADDRESS: 7245 MIDNIGHT PASS RD	CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE
TITLE: T	NAME: SMITH, ROBERT H.	STREET ADDRESS: 4221 ESCONDITO CIRCLE	CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P	NAME: CHRISTENSEN, STUART	STREET ADDRESS: 5968 MIDNIGHT PASS RD., APT. 154	CITY-ST-ZIP: SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Jerry D. Lewis* JERRY D. LEWIS DATE: 1/6/97 (941) 906-9000

CR2E034 (9/96)