

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # K22809

1. Corporation Name
MIDLAND FINANCIAL HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755
US

Mailing Address
% ROBERT J. BANKS
33 N GARDEN AVE. SUITE 1200
CLEARWATER FL 33755
US

3. Date Incorporated or Qualified
05/06/1988

4. FEI Number
59-2892513

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$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
21 33 North Garden Avenue
 Suite, Apt. #, etc.
22 Suite 1200
 City & State
23 Clearwater, FL
 Zip Country
24 33755 25

2a. Mailing Address
26 33 North Garden Avenue
 Suite, Apt. #, etc.
27 Suite 1200
 City & State
28 Clearwater, FL
 Zip Country
29 33755 30

9. Name and Address of Current Registered Agent
BANKS, ROBERT J.
33 N GARDEN AVE, SUITE 1200
CLEARWATER FL 33755

10. Name and Address of New Registered Agent
81 Name Banks, Robert J. NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable) 33 North Garden Avenue
83 Suite 1200
84 City Clearwater, FL FL 85 Zip Code 33755

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BANKS, ROBERT J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MATHIS, RAY F.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GLOECKL, KEITH J.	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRUHLER, ROBERT	
STREET ADDRESS	33 N GARDEN AVE, SUITE 1200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	CHEERS, LINDA D.
5.4 CITY-ST-ZIP	33 N. GARDEN AVE, SUITE 1200
	CLEARWATER, FL 33755
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VPIAS
6.3 STREET ADDRESS	BUDD, WILLIAM K.
6.4 CITY-ST-ZIP	33 N. GARDEN AVE, SUITE 1200
	CLEARWATER, FL 33755

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 OF WILLIAM K. BUDD 3/29/99 (727) 461-4801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-11/99