

FILE NOW: FILING FEE AFTER MAY 1999

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # L49182

1. Corporation Name  
MID-FLORIDA LEGAL SERVICES, INC.

Principal Place of Business  
PO BOX 677 954  
ORLANDO FL 32867-7954

Mailing Address  
PO BOX 677 954  
ORLANDO FL 32867-7954

2. Principal Place of Business  
21 PO Box 660548  
Suite, Apt. #, etc.

2a. Mailing Address  
26 PO Box 660548  
Suite, Apt. #, etc.

22 City & State  
CHuluota FL  
23 Zip 32766  
25 Country USA

27 City & State  
CHuluota FL  
28 Zip 32766  
30 Country USA

24 9. Name and Address of Current Registered Agent

JACKSON, JOAN  
115 E 8TH ST  
CHULUOTA FL 32766

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
02/12/1990  
4. FEI Number  
59-3067636  
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

10. Name and Address of New Registered Agent

81 Name  
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.

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE  
NAME PD  
STREET ADDRESS MILLER, CLOUD H., III  
CITY-ST-ZIP 780 MILLSHORE DR.  
CHULUOTA FL

TITLE D  
NAME JACKSON, JOAN  
STREET ADDRESS 115 E 8TH ST  
CITY-ST-ZIP CHULUOTA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 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 Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

1/25/99 (407) 366-1111  
Date Daytime Phone #