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**Apr 09 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 # P20112 (9)

1. Corporation Name
MIDSTATE FINANCIAL SERVICES, INC.



Principal Place of Business
**2504 RAEFORD ROAD
P.O. BOX 58099
FAYETTEVILLE NC 28305-8099**

Mailing Address
**2504 RAEFORD ROAD
P.O. BOX 58099
FAYETTEVILLE NC 28305-8099**

3. Date Incorporated or Qualified
07/21/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

4. FEI Number
56-1612037

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BAKER, CLARENCE R.
8413 WESTRIDGE DRIVE
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name
Mark Peterson

82 Street Address (P.O. Box Number is Not Acceptable)
8727 Rolling Brook Lane

83

84 City
Jacksonville

85 Zip Code
FL 32256

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: *Mark Peterson* (1-24-97)
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOISINGTON, F. REED, IV	
STREET ADDRESS	424 KINGSFORD ROAD	
CITY-ST-ZIP	FAYETTEVILLE NC	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HORNE, JERRY	
STREET ADDRESS	2709-3 PRESTON, WOODS LANE	
CITY-ST-ZIP	FAYETTEVILLE NC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOISINGTON, NANCY C.	
STREET ADDRESS	424 KINGSFORD ROAD	
CITY-ST-ZIP	FAYETTEVILLE NC	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Horne* (4-1-97) 910-435-3735
Signature typed or printed name of signing officer or director Date Daytime Phone #
0010365

CR2E034 (9/96)