FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27327** **(6)**

1. Corporation Name
MID-STATE HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
1500 NORTH DALE MABRY HIGHWAY TAMPA FL 33607	1500 NORTH DALE MABRY HIGHWAY TAMPA FL 33607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/15/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (20)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **13-3429605** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	11 TITLE	PD	☒ Change ☐ Addition
NAME	TOKARZ, MICHAEL T.	12 NAME	Robert G. Durham	
STREET ADDRESS	9 2 57TH ST, #4250	13 STREET ADDRESS	1500 N. Dale Mabry Hwy	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	Tampa FL 33607	
TITLE	VD	21 TITLE	S	☒ Change ☐ Addition
NAME	GOLKIN, PERRY	22 NAME	Mary C. Snow	
STREET ADDRESS	9 W 57TH ST, #4250	23 STREET ADDRESS	1500 N. Dale Mabry Hwy	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	Tampa FL 33607	
TITLE	VTA	31 TITLE	V T AS	☒ Change ☐ Addition
NAME	KURUZ, DONALD M.	32 NAME		
STREET ADDRESS	1500 N. DALE MABRY HWY	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	MATLOCK, K. J.	42 NAME		
STREET ADDRESS	1500 N. DALE MABRY HWY	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	VAS	51 TITLE	VD	☒ Change ☐ Addition
NAME	WELDON, WILLIAM H.	52 NAME		
STREET ADDRESS	1500 N. DALE MABRY HWY	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	AT	61 TITLE		☐ Change ☐ Addition
NAME	KETCHAM, T.G.	62 NAME		
STREET ADDRESS	1500 N. DALE MABRY HWY	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MID-STATE HOLDINGS CORPORATION
By: [signature] Asst. Treasurer April 14, 1995 (813) 871-4596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000048 CP