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

**PROFIT** CORPORATION ANNUAL REPORT

1998

City & State

Zip

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P95000013149 (6)

MID-FLORIDA INVESTMENT GROUP, INC.

Principal Place of Business Mailing Address 126 TARRYTOWN TRAIL 126 TARRYTOWN TRAIL LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22

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City & State

3. Date Incorporated or Qualified 02/14/1995 4. FEI Number Applied For 59-3311477

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

**FILED** 

May 12 1998 8:00am

Secretary of State

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent LOVETT, W. THOMAS ESQ 200 EAST ROBINSON STREET **SUITE 500** ORLANDO FL 32801

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Country

82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	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

Country

81 Name

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agent. I ar	m familiar with, and accept the obligations of,	Section 607.0505, Flo	orida Statutes.	, , , , , , , , , , , , , , , , , , , ,	_
SIGNATURE	Signature, typed or printed name of registered agent and tide i	Papilicable (NOTE	Registered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1.1 TITLE	Change	Addition
NAME	Lajeunesse, kevin g		1.2 NAME		
STREET ADDRESS	126 TARRYTOWN TRAIL		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZW			4.4 CITY-ST-ZIP		
TALLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 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 conjugate 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.

+1,198 (40)750-5184