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FILED

May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000044458 (4)

1. Corporation Name

MIDLAND INSURANCE SERVICES, INC.

Principal Place of Business

33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 34615

Mailing Address

33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1995

4. FEI Number

59-3395067

Applied For

Not Applicable

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 or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 33 North Garden Ave.

26 33 North Garden Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1200

27 Suite 1200

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 33755

25

29 33755

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOECKI, KEITH J
33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 34615

81 Name Gloeckl, Keith J.

82 Street Address (P.O. Box Number is Not Acceptable)
33 North Garden Avenue

83 Suite 1200

84 City Clearwater

FL 85 Zip Code 33755

11. Pursuant to the provisions of Sections 607.0102 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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BANKS, ROBERT J
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ DELETE

NAME GLOECKI, KEITH J
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP CLEARWATER FL 34615

TITLE D ☐ DELETE

NAME MATHIS, RAY F
STREET ADDRESS 33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP CLEARWATER FL 34615

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Banks, Robert J.
1.3 STREET ADDRESS 33 North Garden Avenue, Suite 1200
1.4 CITY-ST-ZIP Clearwater, FL 33755

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Gloeckl, Keith J.
2.3 STREET ADDRESS 33 North Garden Avenue, Suite 1200
2.4 CITY-ST-ZIP Clearwater, FL 33755

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Mathis, Ray F.
3.3 STREET ADDRESS 33 North Garden Avenue, Suite 1200
3.4 CITY-ST-ZIP Clearwater, FL 33755

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 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 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

Ray F. Mathis 4-1-98 (813) 461-4801

CR2E034 (10/97)