

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000044458

1. Corporation Name

MIDLAND INSURANCE SERVICES, INC.

Principal Place of Business

33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 33755
US

Mailing Address

33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 33755
US

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90083 006 ***150.00



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
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 33 North Garden Avenue

Suite, Apt. #, etc.

22 Suite 1200

City & State

23 Clearwater, FL

Zip

24 33755

Country

25

2a. Mailing Address

26 33 North Garden Avenue

Suite, Apt. #, etc.

27 Suite 1200

City & State

28 Clearwater, FL

Zip

29 33755

Country

30

9. Name and Address of Current Registered Agent

GLOECKI, KEITH J
33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER FL 33755

10. Name and Address of New Registered Agent

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

FL

85 Zip Code

33755

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BANKS, ROBERT J
STREET ADDRESS
33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP
CLEARWATER FL 33755

TITLE ☐ DELETE

NAME
GLOECKI, KEITH J
STREET ADDRESS
33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP
CLEARWATER FL 33755

TITLE ☐ DELETE

NAME
MATHIS, RAY F
STREET ADDRESS
33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP
CLEARWATER FL 33755

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

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

KEITH J. GLOECKI, DIRECTOR

3/29/99

(727) 461-4801

Date

Daytime Phone #

04/21/99

CR2E034 (1/198)