


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

FILED  
Apr 29 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 # P95000093971 (6)  
1. Corporation Name  
Mid-Florida Sales and Leasing Inc

Principal Place of Business: 343 6th St. SW, Winter Haven, FL 33880  
Mailing Address: 343 6th St. SW, Winter Haven, FL 33880

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date incorporated or Qualified: 12-8-1995  
3a. Date of Last Report: 3-1-96  
4. FEI Number: 65-0667904  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$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  
ARRINGTON Joseph T.  
343 6th St. SW.  
W/H FL 33880

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code: FL

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 not a partner, officer, director, or trustee of the corporation.  
SIGNATURE: [Signature] DATE: 4/10/97

12. OFFICERS AND DIRECTORS

TITLE: P.D.	NAME: ARRINGTON Joseph T. President	STREET ADDRESS: 343 6th St. SW, W/H FL 33880	DELETED: <input type="checkbox"/>
TITLE: [blank]	NAME: ARRINGTON Michael J. Vice President	STREET ADDRESS: 343 6th St. SW, W/H FL 33880	DELETED: <input type="checkbox"/>
TITLE: [blank]	NAME: ARRINGTON Mary K. Secretary	STREET ADDRESS: 343 6th St. SW, W/H FL 33880	DELETED: <input type="checkbox"/>
TITLE: [blank]	NAME: [blank]	STREET ADDRESS: [blank]	DELETED: <input type="checkbox"/>
TITLE: [blank]	NAME: [blank]	STREET ADDRESS: [blank]	DELETED: <input type="checkbox"/>
TITLE: [blank]	NAME: [blank]	STREET ADDRESS: [blank]	DELETED: <input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>

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-05/01/97--01002--036  
\*\*\*165.00

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 contained 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, fill in on an attachment with an address.  
SIGNATURE: [Signature] DATE: 4/10/97 DAYTIME PHONE: 941-293-4192

CR2E034 (9/96)