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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 Mailing Address
343 6th St. SW. 343 6th St. SW.
Winter Haven, FL 33880 Winter Haven, FL 33880

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12-8-1995	3-1-96
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0667904	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ARRINGTON Joseph T. 343 6th St. SW. W/H FL 33880	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 not a partner, officer, director, or trustee of the corporation, and I am not a partner, officer, director, or trustee of any other corporation.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 4/10/97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: P.D.	1.1 TITLE
NAME: ARRINGTON Joseph T. President	1.2 NAME
STREET ADDRESS: 343 6th St. SW.	1.3 STREET ADDRESS
CITY-STATE-ZIP: W/H FL 33880	1.4 CITY-STATE-ZIP
TITLE: ARRINGTON Michael J. Vice President	2.1 TITLE
NAME: ARRINGTON Michael J. Vice President	2.2 NAME
STREET ADDRESS: 343 6th St. SW.	2.3 STREET ADDRESS
CITY-STATE-ZIP: W/H FL 33880	2.4 CITY-STATE-ZIP
TITLE: ARRINGTON Mary K. Secretary	3.1 TITLE
NAME: ARRINGTON Mary K. Secretary	3.2 NAME
STREET ADDRESS: 343 6th St. SW.	3.3 STREET ADDRESS
CITY-STATE-ZIP: W/H FL 33880	3.4 CITY-STATE-ZIP
TITLE: [Empty]	4.1 TITLE
NAME: [Empty]	4.2 NAME
STREET ADDRESS: [Empty]	4.3 STREET ADDRESS
CITY-STATE-ZIP: [Empty]	4.4 CITY-STATE-ZIP
TITLE: [Empty]	5.1 TITLE
NAME: [Empty]	5.2 NAME
STREET ADDRESS: [Empty]	5.3 STREET ADDRESS
CITY-STATE-ZIP: [Empty]	5.4 CITY-STATE-ZIP
TITLE: [Empty]	6.1 TITLE
NAME: [Empty]	6.2 NAME
STREET ADDRESS: [Empty]	6.3 STREET ADDRESS
CITY-STATE-ZIP: [Empty]	6.4 CITY-STATE-ZIP

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 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 partner 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 an attachment with an address.

SIGNATURE: [Signature] DATE: 4/10/97 DAYTIME PHONE: 941-293-4192

CR2E034 (9/96)