


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

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

06-01-1999 90011 043 \*\*\*150.00

0415080

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000007522

1. Corporation Name  
MID STATE SERVICES, INC.



Principal Place of Business 3432 HYDE PARK DR. CLEARWATER FL 34621	Mailing Address 3432 HYDE PARK DR. CLEARWATER FL 34621
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5080-B 15TH AVE S Suite, Apt. #, etc. 22 City & State 23 GULFPORT FL. Zip 24 33707 Country 25 FINELLAS		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 01/22/1996		4. FEI Number 59-3357891		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent GEANAKOS, JOHN T 3432 HYDE PARK DR. CLEARWATER FL 34621		10. Name and Address of New Registered Agent 81 Name EARL BALL 82 Street Address (P.O. Box Number is Not Acceptable) 1035 ARLINGTON AVE N. #901 83 84 City ST PETERSBURG, FL 85 Zip Code 33705	
--	--	---	--

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 Earl Ball EARL BALL

DATE 4-25-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME GEANAKOS, JOHN T	1.1 TITLE PRES	1.2 NAME JUAN CIEUTAT
STREET ADDRESS 3432 HYDE PARK DR.		1.3 STREET ADDRESS 2520 S.E. 24TH CT.	
CITY-ST-ZIP CLEARWATER FL 34621		1.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE SECY	2.2 NAME EARL BALL
NAME		2.3 STREET ADDRESS 1035 ARLINGTON AVE. N. #901	
STREET ADDRESS		2.4 CITY-ST-ZIP ST PETERSBURG, FL 33705	
CITY-ST-ZIP		3.1 TITLE	3.2 NAME
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
NAME		4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
CITY-ST-ZIP		5.1 TITLE	5.2 NAME
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
NAME		6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
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: Earl Ball EARL BALL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-99  
Date

727-530-0664  
Daytime Phone #

CR2E034 (11/98)