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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051462 (5)

MID-AMERICA MANAGEMENT, INC.

Principal Plac	ce of Busines	is.			Mailie	ng Addres	38	 -	<u>,</u>				
Principal Place of Business 5015 SOUTH FLORIDA AVENUE					5015 SOUTH FLORIDA AVENUE							}	
STE 106 LAKELAND FL 33813					STE 105 LAKELAND FL 33813								
												DO NOT WRITE IN THIS SPACE	_
												3. Date Incorporated or Qualified	1
2, Principal f		2a. Mailing Address							06/12/1996 4. FEI Number Applied For	-			
21					26							59-3416882 Not Applicabl	_
Suite, Apt	Suite. Apt. #, etc.					Suite, Apt. #, etc.						SR 75 Additional	٦
22					27							5. Certificate of Status Desired Fee Required	╛
City & State					City & State							6. Election Campaign Financing \$5.00 May Be	7
	23					28						Trust Fund Contribution Added to Fees	4
Zip	Country				<u>├</u> ~ `			1 -			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	- {	
24	o Name	25 and 4	ddress of Cur			ed Agent		30	Т-			Personal Property Tax due June 30. LEYes No	\dashv
9. Name and Address of Current Registered Agent									81	N	ame	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	7
GEORGES, ROBERT J 5015 SOUTH FLORIDA AVENUE													4
STE 105									82	S	treet Addr	dress (P.O. Box Number is Not Acceptable)	- {
LA						83				1			
						84 City			leal 7% Oct	4			
									84	١٢	ity	FL 85 Zip Code	1
office or i	registered ac	ent. o	Sections 607.0 both, in the Sta d accept the ob	ate of F	lorida	Such cha	noe was a	iuthoriz	ed by	/ the	imed corp e corporati	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed	or printe	d name of registered	agent and	tille if ap	pplicatile	(NOTE	Registe	red Age	ent sig	gnature requir	quired when reinstating) DATE	_ 6
12.		OFFICERS A	ND DI	D DIRECTORS			_	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12] }	
TITLE	D	obert j						1.1 JULE		- 1	☐ Change ☐ Addition	٠ ١	
NAME	's 11 sp	1.2 N/								3			
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CITY-ST-ZIP	<u> </u>							3.4.	CITY-S	ST-21	Р		╝
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NAME	1					U 1		1	name		}	LJ Onange LJ Additor	
TYPAKE.	Į.							6.2	NAME				-

4. 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 annuel 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 trustyle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 an attactogen with an address.

SIGNATURE:

3-31-98

(941) 647-2500

FILED

Apr 06 1998 8:00am

Secretary of State