FILE NOW: FILING FEE AFTER MAY 1 IS $ . .

FILED
May 27 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 # P96000058450

1. Corporation Name
Mid Florida Investments Inc.

Principal Place of Business	Mailing Address
2921 W 39th St ORLANDO FLA 32839	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 ORLANDO	26 2921 W 39th St	1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3388140	Applied For / Not Applicable
City & State 23 ORLANDO	City & State 28 FLA.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 32839 Country 25 ORANGE	Zip 29 32839 Country 30 32839	6. Election Campaign Financing Trust Fund Contribution ☐	$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	10. Name and Address of New Registered Agent
George Cox 2911 W 39th St ORLANDO FLA 32839	81 Name George Cox 82 Street Address (P.O. Box Number is Not Acceptable) 2911 W 39th St 83 84 City Orlando FL 85 Zip Code 32839

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] George Leo Cox DATE: 4/16/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	George L Cox	1.2 NAME	
STREET ADDRESS	2921 W 39th St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orl Fla 32839	1.4 CITY-ST-ZIP	
TITLE	Vice Pres ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Scott Cox	2.2 NAME	
STREET ADDRESS	2921 W 39th St	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	CS 5/27/97
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002202911 -06/05/97--01064--007 ***165.00
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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.

SIGNATURE: [signature] Pres 4/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)