SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morring
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000048447 (1)

MIDAMERICA IPA, INC.

Principal Place of Business

Mailing Address

6511 THONOTOSSASSA ROAD PLANT CITY FL 33565

6511 THONOTOSSASSA ROAD PLANT CITY FL 33565

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98 OCT 27 AM 10: 51

SECRETARY OF STATE TALLAHASSEE. FLORIDA
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				DO NOT WRITE IN THIS SPACE			
				3. Date incorporated or Qualified			
				06/02/1997			
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number Applied For			
21 /080	sie USI9	26 10806 U	5 14	62-1721281 Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.	<del></del>	\$8.75 Additional			
22 S U	1te 102	27 Suite	102	5. Certificate of Status Desired Fee Required			
City & Stat	<u> </u>	City & State_		6. Election Campaign Financing \$5.00 May Be			
23 PO 6	t Richer FL	28 Port Riche	12-FL-	Trust Fund Contribution Added to Fees			
Zip_	Country	Zip	Country	This corporation owes or has paid the current year Intangible			
24 346	68 25 Pasco	29 34668 30	- AJ	Personal Property Tax due June 30. Yes No			
24 2 70	9, Name and Address of Current		1 PASCE	10. Name and Address of New Registered Agent			
1640		resistance regione	81 Name	/			
	SHALL, BEVERLEE		140	iderA. Khan			
		TEXI / /	82 Street	Address (P.O. Box Number is Not Acceptable)			
Plai	NT CITY FL 33565	7234	108	06 45 19			
	_	986-2234	83	te 1/2			
_		•	84 Gity	- 85 Zip Code			
~	-			+ Richey FL 34668			
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 am familiar with, and accept the obligat	if Florida, Such change was auth	orized by the corno	oration's board of directors. I hereby accept the appointment as registered			
	am ramiliar with, and accept the boligat	dis di, section 607.0303, Florid	a Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent	and life if politication (NOTE:	Registered Agent signatur	e required when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change Addition			
NAME	WOODS, JOHN L	⊠ pereie	1.2 NAME	Change [ Addition			
			l l				
STREET ADDRESS	1635 WILSON PIKE		1.3 STREET ADDRESS	7000026,695,157			
CITY-ST-ZIP	BRENTWOOD TN 37027	.=	1.4 CITY-ST-ZIP	<u>-10/30/9801076010</u>			
TITLE	D	<b>⊠</b> DELETE	2.1 TITLE	****550.00_  <b>****</b> *\$50.00@			
NAME	WOODS, CHERYL Y		2.2 NAME				
STREET ADDRESS	1635 WILSON PIKE		2.3 STREET ADDRESS				
CITY-ST-ZIP	BRENTWOOD TN 37027		2.4 CITY-ST-ZIP	and the second s			
TITLE .		DELETE	3.1 TITLE	Vice President Change X Addition			
NAME !	•	_	3.2 NAME	Haider A. Khan			
STREET ADDRESS			3.3 STREET ADDRESS	10806 US 1954: 4e102			
			3.4 CITY-ST-ZIP	PortRicher, FL 34668			
CITY-ST-ZIP			4.1 TITLE Di Ced				
		L DELETE	l I	Change X Addition			
NAME	ſ	-	4.2 NAME	www.c.ic C-149102			
STREET ADDRESS			4.3 STREET ADDRESS	1080600			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1017 Kickey, FL 07,000			
TITLE		DELETE	5.1 TITLE D 10 CCT	Woods, Chetyl V L Change M Addition			
NAME			5.2 NAME	10000 11819 Sixte 102			
STREET ADDRESS			5.3 STREET ADDRESS	10800 acc (1000)			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Port Richer, Fr. 34668			
ATLE		DELETE	6,1 TITLE	Change Addition			
NAME			6.2 NAME	Freeings Freeings			
STREET ADDRESS	•		6.3 STREET ADDRESS	0.00			
CITY-ST-ZIP			I I	[IN]			
TUTY-ST-7IP			6.4 CITY-ST-ZIP	gardien (10.07/2Vi) Florida Statutos I further partifu that the information			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f). 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 earl; that I am an officer or director of the corporation or the releiver 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 for an attachment with an address.

SIGNATURE:

REQUIRED