

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -4 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 218830 (8)

1. Corporation Name
ROWE-MITCHELL, INC.

Principal Place of Business	Mailing Address
3920 MURDOCK AVE SARASOTA FL 34231	3920 MURDOCK AVE SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/03/1959	3a. Date of Last Report 03/25/1994
--------------------------------------------------------	----------------------------------------------

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0863995		Applied For Not Applicable	
21		25		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MITCHELL, THOMAS E.
3920 MURDOCK AVE
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THOMAS E	1.2 NAME	
STREET ADDRESS	4845 MCINTOSH RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROBERT T.	2.2 NAME	
STREET ADDRESS	2230 SANDRALA DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1 (19.07(3)(k)), Florida Statutes. I further certify that the information indicated on this annual report or subsequent annual report is true and correct 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 secretary or treasurer and authorized to sign this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the agent, or on an attachment with this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Thomas E. Mitchell 3-31-95 813-921-4696

Title

Telephone No.