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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90043 028 ***150.00

DOCUMENT # **404861**

1. Corporation Name
MITCHELL BROTHERS, INC.

Principal Place of Business	Mailing Address
800 AENON CHURCH RD. TALLAHASSEE FL 32304	800 AENON CHURCH RD. TALLAHASSEE FL 32304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/12/1972

2. Principal Place of Business	2a. Mailing Address
21 1300 AENON CHURCH RD	26 1300 AENON CHURCH RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE FL.	City & State 28 TALLAHASSEE FL
Zip 24 32304 Country 25 LEON	Zip 29 32304 Country 30 LEON

4. FEI Number: 59-1403398 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL, EDWARD M. JR. 800 AENON CHURCH RD. TALLAHASSEE FL 32304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1300 AENON CHURCH RD 83 84 City TALLAHASSEE FL 85 Zip Code 32304

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 _____ DATE
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, EDWARD M, JR		1.2 NAME		
STREET ADDRESS	3536 NORTH MEREDIAN ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	JARRIEL, DONNA R.		2.2 NAME		
STREET ADDRESS	RT 3, BOX 5473		2.3 STREET ADDRESS	88 DUNCAN DR.	
CITY-ST-ZIP	CRAWFORDVILLE FL		2.4 CITY-ST-ZIP	CRAWFORDVILLE, FL. 32327	
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		
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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: [signature] REQUIRED 3/16/99 (850) 574-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)