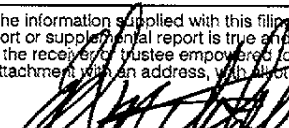


FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 404861 1. Entity Name MITCHELL BROTHERS, INC.			
Principal Place of Business 1300 AENON CHURCH RD. TALLAHASSEE, FL 32304 US		Mailing Address 1300 AENON CHURCH RD. TALLAHASSEE, FL 32304 US	
DO NOT WRITE IN THIS SPACE			
			
		03032004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1403398	Applied For Not Applicable
6. Name and Address of Current Registered Agent MITCHELL, EDWARD M. JR. 1300 AENON CHURCH RD. TALLAHASSEE, FL 32304		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MITCHELL, EDWARD M, JR 3536 NORTH MEREDIAN ROAD TALLAHASSEE, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.			
SIGNATURE: 		3-4-04 850-574-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	