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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **H52787** **(9)**

1. Corporation Name
ED MITCHELL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1814 EAST BUSCH BLVD. **TAMPA FL 33612-8664**	**P.O. BOX 17818** **TAMPA FL 33682-7818**

3. Date Incorporated or Qualified: **04/17/1985**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business
21: 9816 US Hwy 301 N
Suite, Apt. #, etc. 22:
City & State 23: Tampa FL
Zip 24: 33637 Country 25: Hillsborough

2a. Mailing Address
26: P.O. Box 240298
Suite, Apt. #, etc. 27:
City & State 28: Tampa FL
Zip 29: 33687-0298 Country 30: Hillsborough

4. FEI Number: **65-0375037** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, CHARLES E
1814 EAST BUSCH BLVD.
TAMPA FL 33612-8664

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: Charles E. Mitchell 9-17-97
Signature, typed or printed name of registered agent & title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, CHARLES E.	1.2 NAME	
STREET ADDRESS	9234 OVERLOOK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	1.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, THELMA S.	2.2 NAME	
STREET ADDRESS	9234 OVERLOOK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL 33687	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	
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	

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CR2E034 (9/96)

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: Charles E. Mitchell 9-17-97 FEB 2135