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PROFIT CORPORATION ANNUAL REPORT



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

1996

ROWE	MENT # J770 Name -MITCHELL CONSTRUCT	- \-						
Principal Place	of Business	Mailing Address				RECOLURA ELIAN DI		
C/O ROBERT T. MITCHELL 3920 MURDOCK AVENUE SARASOTA FL 34231		C/O ROBERT T. MITCHELL 3920 MURDOCK AVENUE SARASOTA FL 34231						
					3. Date Incorporated or Qualifie 06/05/1987	0	of Last R 3/15/19	
_ 2. Principal Pia 21	ice of Business	2a. Mailing Address 26			4. FEI Number 05-0	50063		Applied For Not Applicable
Suite Apt. #	•, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<u></u>		Additional
City & State		City & State			Fee Required			·
23		28			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zφ 24	Country 25	Zip 29	Countr	У	8. This corporation has liability f	or intangible ta ⁄es □ No	x under s	199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of Nev	v Registered .	Agent	
MITCHE	LL, ROBERT T.		81					
	JRDOCK AVENUE		82	Street Add	dress (P.O. Box Number is Not Accep	table)		
SARASC	OTA FL 33581		83	3		· · · · · · · · · · · · · · · · · · ·		
			84	City			85 Z	p Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607,1508, Florida Statut	les, the above	named corpo	oration submits this statement for the	FL purpose of cha	anging its r	registered office
CULTEGESTER	co agent, or both, in the state of r							Lagent, Lam
familiar wit SIGNATURE	in, and accept the colligations of, S Synatric, typical or prince maric of registered in	ection 607.0505, Florida Statute:	S.	poration's boa	ard of directors. I hereby accept the a	DATE.		
familier wit SIGNATURE 12.	ii, and accept the ooligations of, S Styluture, typed or prince rank of regulared a OFFICERS	icction 607.0505, Florida Statute: Gent and the Lagricult (N AND DIFFECTORS	S. Off: Registered Age 13.	poration's boa		DATE DEFICERS AND	DIRECTO	DRS IN 12
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certify that the information indigated only its annual report or supplies ental annual report is true and accurate and that my signature shall have the same legal effect as if made under each, 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 a langed or on an attachers.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 941-921-4696

RE034 (12/95)