

**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

99 APR 29 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000099329**

1. Corporation Name  
**MITCHELL'S OFFICE SYSTEMS, INC.**



Principal Place of Business  
**116 E 3RD AVE TALLAHASSEE FL 32303**

Mailing Address  
**116 E 3RD AVE TALLAHASSEE FL 32303**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26  
P.O. Box 5967  
Suite, Apt. #, etc.  
27  
City & State  
28  
Tallahassee, FL  
Zip Country  
29  
32314-5967 30 US

3. Date Incorporated or Qualified  
**11/21/1997**

4. FEI Number  
**59-3480334**

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  
**POWELL, THOMAS L  
803 N CALHOUN ST  
TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required if not standing) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOOKES, JAMES N	12 NAME	Crooms, Reginald
STREET ADDRESS	925 E. MAGNOLIA #C-5	13 STREET ADDRESS	925 E. Magnolia #C-5
CITY-ST-ZIP	TALLAHASSEE FL 32314	14 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	P <input checked="" type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, J.W.	22 NAME	Crooms, Beverly
STREET ADDRESS	RT. 1 BOX 779	23 STREET ADDRESS	925 E. Magnolia #C-5
CITY-ST-ZIP	TALLAHASSEE FL 32312	24 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	S <input checked="" type="checkbox"/> DELETE	31 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY-PLATT, ROSE M	32 NAME	Stanley, Iris E.
STREET ADDRESS	454 ELLIS RD.	33 STREET ADDRESS	3016 Byington Circle
CITY-ST-ZIP	TALLAHASSEE FL 32311	34 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	VP <input type="checkbox"/> DELETE	41 TITLE	
NAME	TOOKES, GERALD R	42 NAME	
STREET ADDRESS	913 E. MCGUIRE CT.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	44 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	51 TITLE	
NAME	JOHNSON, MARVIN	52 NAME	
STREET ADDRESS	605 HAMPTON AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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\*\*\*\*158.75 \*\*\*\*158.75

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]* **Gerald R. Tookes** 4/27/99 (850) 521-0393

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