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1998 JUN -2 PM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Workman</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 246887 (4)</b> 1. Corporation Name <b>MITCHELL "GUNITE" COMPANY, INC.</b>			
Principal Place of Business <b>152 MARTINIQUE CIRCLE PONTE VEDRA BEACH FL 32082</b>		Mailing Address <b>P. O. BOX 8927 JACKSONVILLE FL 32211 US</b>	
2. Principal Place of Business 21 <b>152 MARTINIQUE CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ponte Vedra Beach</b> Zip 24 <b>32082</b>		2a. Mailing Address 25 <b>P.O. Box 8927</b> Suite, Apt. #, etc. 27 City & State 28 <b>Jacksonville, FL</b> Zip 29 <b>32211</b> Country 30 <b>USA</b>	
9. Name and Address of Current Registered Agent <b>MITCHELL, JAMES SR 152 MARTINIQUE CR. PONTE VEDRA BEACH FL 32082</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Signature, typed or printed name of registered agent and 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT MITCHELL, JAMES SR 152 MARTINIQUE CR. PONTE VEDRA BEACH FL</b>	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000002545300--2 -06/03/98--01009--023 ****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS MITCHELL, CELINA O 152 MARTINIQUE CR. PONTE VEDRA BEACH FL</b>	2.1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)

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