

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 317037

1. Corporation Name

C.W. MITCHELL, INC.

Principal Place of Business

Mailing Address

9516 E. MARTIN LUTHER KING BLVD.
TAMPA, FL 33610-7407

**APPROVED
AND
FILED**

95 MAY -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001525277

-06/28/95--01023--003

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/22/1967

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

4. FEI Number

59-1166122

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, JERRY
9516 E. MARTIN LUTHER KING BLVD.
TAMPA, FL 33610-7407

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D
MITCHELL, JERRY
9516 E. MARTIN LUTHER KING
TAMPA, FL 33610-7407

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

E/VP
NAVINSKEY, MICHAEL
9516 E. MARTIN LUTHER KING
TAMPA, FL 33610-7407

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
GALLAGHER, PHILIP
9516 E. MARTIN LUTHER KING
TAMPA, FL 33610-7407

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

W
WARES, MERLE
9516 E. MARTIN LUTHER KING
TAMPA, FL 33610-7407

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
CHAPMAN, BARBARA
9516 E. MARTIN LUTHER KING
TAMPA, FL 33610-7407

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

fw

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Barbara A. Chapman

BARBARA A. CHAPMAN

6/15/95 (813) 621-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

BARBARA (MITCHELL TRANSPORT)
9516 EAST MARTIN LUTHER KING BLVD.
TAMPA, FL 33610

Request taken by: HODGES_M
06-07-1995

The forms you recently requested from this office are:

- (1) 45. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*PER MY CONVERSATION WITH CYNTHIA HENDRIXSON OF 6/14/95
NO LATE FEE ARE DUE. ORIGINAL FORM WAS MAILED TO OLD P.O. BOX*