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May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2000

DOCUMENT # 317037

Corporation Name
C.W. MITCHELL INC.

Place of Business
E. MARTIN LUTHER KING BLVD.
- FL 33610

Mailing Address
9516 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 05/22/1967

4. FEI Number: 59-1166122 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 owes the current year Intangible Personal Property Tax: Yes No

Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

2a. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent
MITCHELL, JERRY
9516 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610

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

I, 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 when reinstating) DATE _____

2. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JERRY	
STREET ADDRESS	9516 E MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, PHILIP	
STREET ADDRESS	9516 E MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CHAPMAN, BARBARA	
STREET ADDRESS	9516 E MARTIN LUTHER KING BLVD.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	NAVINSKEY, MICHAEL	
STREET ADDRESS	9516 E. MARTIN LUTHER KING	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KELLER, Ellen
3.3 STREET ADDRESS	9516 E MARTIN LUTHER KING BLVD
3.4 CITY-ST-ZIP	TAMPA FL 33610
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	

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 empowerments.

SIGNATURE: [Signature] Jerry A Mitchell, Pres. 4/26/2000 (513) 621-0099