

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 434496 (6)
1. Corporation Name
THE MITCHELL CORPORATION OF FLORIDA

Principal Place of Business Mailing Address
7200 N 9TH AVE 7200 N 9TH AVE
SUITE 6 SUITE 6
PENSACOLA FL 32504 PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/03/1973 04/27/1994

4. FEI Number Applied For
63-0655786 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees

6. The corporation has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DICKSON, MAX L.
7200 N 9TH AVE
SUITE 6
PENSACOLA FL 32504

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

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 when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE D
NAME **STEFAN, CHESTER J**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA FL**

TITLE PD
NAME **HUDNALL, H DUNCAN**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA, FL 00000**

TITLE VD
NAME **SAINT, JOHN B.**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA FL**

TITLE S
NAME **WESCH, PAUL C.**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA FL**

TITLE T
NAME **ISHEE, WILLIAM H.**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA FL**

TITLE V
NAME **CAMPUS III, JOSEPH J.**
STREET ADDRESS **7200 N 9TH AVE, STE 6**
CITY - ST - ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME **Kelly, Jr., Donald P.**

2.3 STREET ADDRESS **700 N. 9th Ave., Ste. 6**

2.4 CITY - ST - ZIP **Pensacola, FL 32504-6600**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME **PD Campus III, Joseph J.**

6.3 STREET ADDRESS **700 N. 9th Ave, Ste. 6**

6.4 CITY - ST - ZIP **Pensacola, FL 32504-6600**

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **4-26-95 (734) 476-1200** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)