

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business <del>8200 SUMMIT BLVD #8</del> <del>PENSACOLA FL 32609-4350</del> <del>US</del>	Mailing Address PO BOX 160306 MOBILE AL 36616-1306 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Colonial Bank Centre</b> Suite, Apt. #, etc. 22 <b>41 North Beltline Highway</b> City & State 23 <b>Mobile, AL</b> Zip 24 <b>36608-1201</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified <b>10/03/1973</b>	
4. FEI Number <b>63-0655786</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>DICKSON, MAX L.</b> <del>7200 N 9TH AVE</del> <del>SUITE 0</del> <del>PENSACOLA FL 32604</del>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>3298 Summit Blvd. # 12</b> 83 84 City <b>Pensacola, FL</b> 85 Zip Code <b>32607-4350</b>			
---	--	--	--	---	--	--	--

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 reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEFAN, CHESTER J		1.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		1.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA FL</del>		1.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLY, DONALD P. J		2.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		2.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA, FL 00000</del>		2.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAINT, JOHN B.		3.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		3.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA FL</del>		3.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WESCH, PAUL C.		4.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		4.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA FL</del>		4.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ISHEE, WILLIAM H.		5.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		5.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA FL</del>		5.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPUS III, JOSEPH J.		6.2 NAME	
STREET ADDRESS <del>8200 SUMMIT BLVD #10</del>		6.3 STREET ADDRESS <b>41 North Beltline Highway</b>	
CITY-ST-ZIP <del>PENSACOLA FL</del>		6.4 CITY-ST-ZIP <b>Mobile, AL 36608-1201</b>	

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.

SIGNATURE: \_\_\_\_\_ **4-24-98 (321) 220-1999**

CR2E034 (10/97)