

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 23, 2009  
Secretary of State**

DOCUMENT# 434496

Entity Name: THE MITCHELL CORPORATION OF FLORIDA

**Current Principal Place of Business:**

COLONIAL BANK CENTRE  
41 W. I65 SERVICE ROAD N.  
MOBILE, AL 366081201 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 160306  
MOBILE, AL 366161306 US

**New Mailing Address:**

FEI Number: 63-0655786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAMMON, FRANK M JR  
301 N US HWY 27  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: STEFAN, CHESTER J  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

Title: VD ( ) Delete  
Name: KELLY, DONALD P. J  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

Title: PD ( ) Delete  
Name: SAINT, JOHN B.  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

Title: S ( ) Delete  
Name: WESCH, PAUL C.  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

Title: V ( ) Delete  
Name: GRUBB, JIMMY LYNN  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: HOPKINS, HOLLY  
Address: 41 W I65 SERVICE ROAD N  
City-St-Zip: MOBILE, AL 366081201

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. SAINT

PD

07/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date