

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 08, 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: HOPKINS, HOLLY
Address: 41 W I65 SERVICE ROAD N
City-St-Zip: MOBILE, AL 366081201

Title: V () Delete
Name: SCHUHMANN, STEPHEN J
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: KAHALLEY, DAVID
Address: 41 W I65 SERVICE ROAD N
City-St-Zip: MOBILE, AL 366081201

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

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

P

12/08/2009

Electronic Signature of Signing Officer or Director

_____ Date