

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 1:47

DOCUMENT # 823141

1. Corporation Name

W.R. MITCHELL CONTRACTOR, INC.

Principal Place of Business

704 S SHELTON BEACH RD EXT
P.O. BOX 13130
EIGHT MILE AL 36613-3928

Mailing Address

704 S SHELTON BEACH RD EXT
P.O. BOX 13130
EIGHT MILE AL 36613-3928

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1969

5. FEI Number

63-0572549

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	WILLIAMS, SHARON KAY	704 S SHELTON BCH RD	EIGHT MILE AL
PTD	MITCHELL, RALPH WAYNE	704 S SHELTON BCH RD	EIGHT MILE AL

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL-33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-22-01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-01 (334)456-6576

W. R. MITCHELL, CONTRACTOR, INC.

GENERAL CONTRACTOR
EIGHT MILE, ALABAMA

292

PIPE LINES
Gas, Water & Sewer
EQUIPMENT RENTALS

P. O. BOX 13130
EIGHT MILE, ALA. 36663
TELEPHONE 456-6576
FAX 456-0048

October 23, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

Gentlemen:

I have enclosed the application for reinstatement with the \$150.00 fee. I did not receive the previous forms. We have always filed in a timely manner.

I did not get the registered agent to sign since they have been the same over all the past years. Also they are located in Florida.

Thank you for your consideration.

Sincerely,

W. R. MITCHELL, CONTRACTOR, INC.



JoAnn Blanchard