FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F80182 (1)

1. Corporation Name
MITCHELL TRANSMISSION SUPPLY CO INC.

Principal Place of Business	Mailing Address
% JAMES EARL MITCHELL JR 2517 LIBERTY STREET JACKSONVILLE FL 32206	% JAMES EARL MITCHELL JR 2517 LIBERTY STREET JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1982
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2165377 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has tangible or intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	25. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MITCHELL, JAMES E. JR.
2517 LIBERTY STREET
JACKSONVILLE FL 32206

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MITCHELL, JAMES E JR
STREET ADDRESS	5051 RUE ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	VS
NAME	MITCHELL, DEBORAH J.
STREET ADDRESS	5051 RUE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	LAMBERT, GERALD, H
STREET ADDRESS	2517 LIBERTY ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

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(1)(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: James E. Mitchell (Pres.) 6-29-95 904/353-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — James E. Mitchell JR (Pres.)
DATE — DAYTIME PHONE #

0002627 CP