

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Ginsburg, Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41158

(3)

1. Corporation Name

MITTS AND ASSOCIATES, INC.

Principal Place of Business

**12617 LONGVIEW DR W
JACKSONVILLE FL 32223**

Home Address

**12617 LONGVIEW DR W
JACKSONVILLE FL 32223**

APPROVED
7/23

2000 JUL 19 1995

RECEIVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of report (month/year)	3a. Date of last report
11/05/1986	10/11/1994
4. FID Number	Applied For Not Applicable
59-2797850	
5. Certificate of Status Fee	\$8.75 Additional Fee Required
6. Election Campaign Contribution Fund Contribution	\$5.00 May Be Added to Fees
8. Does corporation have liability for campaign contributions? (Yes/No)	
Yes ☒ No ☐	

2. Principal Place of Business	2a. Home Address
21. State of report	26. State of last report
22. City of report	27. City of last report
23. Zip of report	28. Zip of last report
24. Name of report	29. Name of last report
25. Address of report	30. Address of last report

9. Name and Address of Current Registered Agent

**MITTS, DAVID A.
12617 LONGVIEW DR W
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81. Name	82. Street Address	83. City	84. State	85. Zip
			FL	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the facts and circumstances as to the corporation's compliance with the provisions of the Florida Statutes relating to the filing of this report. I hereby accept the appointment as registered agent of the corporation and accept the responsibility for the corporation's compliance with the provisions of the Florida Statutes relating to the filing of this report.

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE
NAME	NAME
ADDRESS	ADDRESS
DATE	DATE

**DP
MITTS, DAVID A.
12617 LONGVIEW DR W
JACKSONVILLE FL**

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SIGNATURE: X David A. Mitts

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

4/4/95 292-7496