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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS		
DOCU 1. Corporation	MENT # K956	64 (4)			
JIM MP	TCHELL CONSTRUCTION	I CO.			
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
% JAMES M.	MITCHELL	% JAMES M. MITCHELL			
545 26TH AVI	EN	545 26TH AVE N	_		
ST PETERSBL	JRG FL 337U4	ST PETERSBURG FL 33	704	3. Date incorporated or Qualified	3a. Date of Last Report
- 6: "-15		- W-1-14		06/14/1989	03/07/1995
2. Principal Pl 1	ace of Business	2a. Mailing Address 26		4. FE! Number 59-2952823	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	W 74		Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State)	Orty & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	1 rust Fund Contribution	Added to Fees
4	25	29	30	B. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,
	g. Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
	L, JAMES M.		82 Street Add	Iress (P.O. Box Number is Not Acceptat	olo)
545 26Th	1 AVE N RSBURG FL 33704		83		
SIFEIE	nobung FL 33/04	•			
			84 City		85 Zip Code
			UT Only		FI BS Zip Code
11. Pursuant t	o the provisions of Sections 607.0	502 and 607.1508, Florida Statute		oration submits this statement for the pu	
11. Pursuant t or register familiar wit	o the provisions of Sections 607.0t ed agent, or both, in the State of Fi th, and accept the obligations of, S	502 and 607.1508, Florida Statute lorida. Such change was authorize ection 607.0505, Florida Statutes.		oration submits this statement for the pur ard of directors. I hereby accept the app	
SIGNATURE	in, and accept the obligations of, 5	ection 607.0305, Florida Statutes.	s, the above-named corpor d by the corporation's boa		PL rpose of changing its registered office ointment as registered agent. I am
SIGNATURE	Signature typod or printed harrie of registered a	gent and life if applicable. [NO]	s, the above-named corpor d by the corporation's boa E. Ragistered Agent signature require	ed when revistating:	PL rpose of changing its registered office ointment as registered agent. I am
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4. 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(3)(k). Florida Statutes I further certify that the information indicated on this 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 607 or on an appear of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter 607.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-1-96 813-895-3097

CR2E034 (12/95)