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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L44554 (8)

1. Corporation Name

MITCHELL MARINE SERVICE CORPORATION (OF FLORIDA)

Principal Place of Business

P. O. BOX 16159
P. O. BOX 16159
PENSACOLA FL 32507

Mailing Address

P. O. BOX 16159
P. O. BOX 16159
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

59-2980671

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 liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, MARILYN B.
401-C BAYSHORE DRIVE
PENSACOLA FL 32507

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

Marilyn B. Mitchell, President

4/19/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

ST

NAME

MITCHELL, MARILYN B.
401-C BAYSHORE DRIVE
PENSACOLA FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

P

NAME

MITCHELL, THOMAS B.

STREET ADDRESS

CITY - ST - ZIP

1204 E. WILLAMETTE

COLORADO SPGS. CO

TITLE

V

NAME

MITCHELL, C. ALLISON

STREET ADDRESS

CITY - ST - ZIP

401-C BAYSHORE DR.

PENSACOLA 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

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Mitchell, Marilyn B.

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

Vice President

☒ Change ☐ Addition

2.2 NAME

Mitchell, Thomas B.

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

Sec./Treasurer

☒ Change ☐ Addition

3.2 NAME

Mitchell, C. Allison

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marilyn B. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn B. Mitchell, President

4/19/95

DATE

904-458-9833

DAYTIME PHONE

904-456-9833

CORPORATION