FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **L44554** **(8)**

1. Corporation Name
MITCHELL MARINE SERVICE CORPORATION (OF FLORIDA)

Principal Place of Business	Mailing Address
P. O. BOX 16159 P O BOX 16159 PENSACOLA FL 32507	P. O. BOX 16159 P O BOX 16159 PENSACOLA FL 32507-6159

3. Date Incorporated or Qualified: 01/24/1990
3a. Date of Last Report: 03/26/1996
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

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

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): 19 PALAO PLACE
83
84 City: PENSACOLA FL 85 Zip Code: 32507

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 _____ (Signature, type or print name of agent) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	MITCHELL, MARILYN B	
STREET ADDRESS	19 PALAO PL	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	☐ DELETE
NAME	MITCHELL, THOMAS B.	
STREET ADDRESS	1204 E. WILLIAMETTE	
CITY-ST-ZIP	COLORADO SPGS. CO	
TITLE	STD	☐ DELETE
NAME	MITCHELL, C. ALLISON	
STREET ADDRESS	19 PALAO PL	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	MITCHELL, THOMAS B	
2.3 STREET ADDRESS	1185 MARLSTONE PL	
2.4 CITY-ST-ZIP	Colorado Springs CO 80904	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	MITCHELL-BAILEY, C. ALLISON	
3.3 STREET ADDRESS	317 MEADOWBROOK LANE	
3.4 CITY-ST-ZIP	PENSACOLA FL 32514	
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 does not qualify for the exemption stated in Section 119.07(3)(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: [signature] 3/11/97 904-456-9833

CR2E034 (9/96)