

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M91917** (8)

1. Corporation Name

MITCHCO, INC.



Principal Place of Business

**8817 N. 15TH ST.
TAMPA FL 33604**

Mailing Address

**PO BOX 16825
TAMPA FL 33687-6825**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**MITCHELL, DAVID M.
1812 E. BUSCH BLVD.
TAMPA FL 33612**

3. Date Incorporated or Qualified

07/25/1988

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2994475

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

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 607.1504, 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]

(Print Name of Agent Submitting Statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**PVST
MITCHELL, DAVID M
1812 E. BUSCH BLVD.
TAMPA FL 33612**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. TITLE	☐ Change ☐ Addition
6. 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 119.07(3)(k), 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 change or on an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51

Display Phone #

CR2E034 (12/95)