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FILED

Jan 22 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 # P93000016901 (9)

1. Corporation Name

PHILIP D. MITCHELL, P.A.

Principal Place of Business

1775 W. HIBISCUS BLVD.  
204  
MELBOURNE FL 32901  
US

Mailing Address

1719 PONTIAC CIR., N.  
690 PARK AVENUE  
MELBOURNE FL 32935-4969  
US



3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 1775 W. HIBISCUS BLVD

Suite, Apt. #, etc.

22 204

City & State

23 MELBOURNE, FL

Zip

24 32901

Country

25 USA

2a. Mailing Address

26 1775 W. HIBISCUS BLVD

Suite, Apt. #, etc.

27 #204

City & State

28 MELBOURNE, FL

Zip

29 32901

Country

30 USA

4. FEI Number

59-3165212

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, PHILIP D  
690 PARK AVENUE  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

PHILIP D. MITCHELL

82 Street Address (P.O. Box Number is Not Acceptable)

1719 PONTIAC CIR., N.

83

MELBOURNE, FL

84 City

FL

85 Zip Code

32935

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

*Philip D. Mitchell*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D MITCHELL, PHILIP D  
STREET ADDRESS 1719 PONTIAC CIRCLE NORTH  
CITY-ST-ZIP MELBOURNE 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

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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
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 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, upon an attachment with an address.

SIGNATURE:

*Philip D. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

(407) 725-2170

0103911

CR2E034 (9/96)