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PROFIT CORPORATION **ANNUAL REPORT**

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000052835 (4)

MITCHELL WOOD WORKS, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4728 15TH AVENUE SOUTH 4726 15TH AVENUE SOUTH ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/22/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-3197062 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MITCHELL, BERYL 4726 15TH AVE. S. 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33711 83 84 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 Signature, typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 THLE TITLE MITCHELL, FRANSECO E NAME 1.2 NAME 4726 15TH AVE. S. STREET ADDRESS 1.3 STREET ADDRESS \$T. PETERSBURG FL 33711 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE DST 21 TITLE MITCHELL, BERYL NAME 2.2 NAME 4728 15TH AVE. S. 23 STREET ADDRESS STREET ADDRESS **ST. PETERSBURG FL 33711** CITY-ST-ZIP 2.4 DITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME MITCHELL, KELVIN 4726 15TH AVE. S. STREET ADDRESS 3.3 STREET ADDRESS \$T. PETERSBURG FL 33711 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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

FRANSFOR MITCHELL 4/28/98 (813)321-7586