

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000053742 (1)

1. Corporation Name

MILDRED JOY MITCHELL TRANSPORTATION INC.

Principal Place of Business

4952 DONNYBROOK AVE
JACKSONVILLE FL 32208
US

Mailing Address

4952 DONNYBROOK AVE
JACKSONVILLE FL 32208-7800



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/28/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3192511

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, MILDRED J
4952 DONNYBROOK AVE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name

MARK A JOY

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

83

84 City

4952 DONNYBROOK AVE
JAX FL 32208

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this report 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

Mark A Joy

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/97

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME MITCHELL, MILDRED J
STREET ADDRESS 4952 DONNYBROOK AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE VT ☐ DELETE

NAME JOY, MARK A
STREET ADDRESS P O BOX 1116
CITY-ST-ZIP EUFALIA AL

TITLE VS ☐ DELETE

NAME JOY, ANNIE A
STREET ADDRESS 4952 DONNYBROOK AVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE VP ☐ DELETE

NAME JOY, DANIEL
STREET ADDRESS 8135 PINESPRINGS LANE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

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 or on an attachment with an address.

SIGNATURE:

Mark A Joy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-97

Date

334-616-6213

Daytime Phone #

CR2E034 (9/96)