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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000093255 (5)

DOCUMENT #

MITCH FARRELL, INC.

Principal Place of Business Mailing Address P.O. BOX 291111 5908-201 TROUT RIVER DRIVE **TAMPA FL 33617 TAMPA FL 33687** 3a. Date of Last Report 03/08/1995 3. Date Incorporated or Qualified 12/23/1994 2. Principal Place of Business Applied For 2a. Mailing Address 59-3285208 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #. etc. Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tax under s 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FARRELL, DAWSON M JR. 82 5908-201 TROUT RIVER DRIVE **TAMPA FL 33617** R3 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 (NOTE: Registered Agent signature required when rainstating) Signature: typed or parted name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1. 1 TITLE TIBLE FARRELL JR., D.M. 1.2 NAME NAME 7010 HARNEY ROAD 5908-201 TROUT RIVER DR. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33617 14 CHTY - ST - ZIP CUTY-ST 20F Change Addition ☐ DELETE 2 1 TITLE TILLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CHY \$1-70P DELETE ☐ Change ☐ Addition 3 1 TITLE THUE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 DITY - ST - ZIP CITY ST-7P Change ☐ Addition DELETE 4 1 TITLE THE NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY - ST-ZIP CITY: \$1:20 DELETE Change ■ Addition 5 1 TITLE TIELE 5.2 NAME NAM*t 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 01Y-ST-Z-P ☐ Change Addition DELETE LILLE 6 1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREE! ADDRESS 64 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 cath, 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.

CHIY-SI-ZIP

12/2 **CR2E034**