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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010892 (4)

MITCHELL APPRAISAL ASSOCIATES, INC.

## FILED Feb 17 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1542 KINGSLEY AVE. 141 ORANGE PARK FL 32073 1542 KINGSLEY AVE. 141 **ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-3297067 Not Applicable 26 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MITCHELL, ROBERT J 1542 KINGSLEY AVE, 141 82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Ď 1 1 TITLE Change Addition NAME MITCHELL, ROBERT J 1.2 NAME CR2E034 1837 ALDER DR W STREET ADDRESS 1.3 SURFET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE MITCHELL, ANNA NAME 2.2 NAME 1837 ALDER DR W STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE NAME MITCHELL, DAVID E 3.2 NAME 1319 STILES LANE STREET ADDRESS 3.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 3.4. CITY - ST - 7(P) ☐ DELETE Change ■ Addition 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7(P DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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

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