

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017813 (3)

1. Corporation Name

MITCHELL & GRAHAM, INC.



Principal Place of Business

Mailing Address

2148 SADLER ROAD
AMELIA ISLAND FL 32034

2148 SADLER ROAD
AMELIA ISLAND FL 32034

2. Principal Place of Business

2b. Mailing Address

21 6120 CONGRESS STREET

26 1450 59TH ST., W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SUITE 101

City & State

City & State

23 NEWPORT RICHEY, FL

28 BRADENTON, FL

Zip

Country

Zip

Country

24 34653

25

29 34209

30 MANATEE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/02/1995

4. FET Number

59-3314974

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

10. Name and Address of New Registered Agent

GRAHAM, JAMES E
2148 SADLER ROAD
AMELIA ISLAND FL 32034

81 Name

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

83

84 City

FL

85 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME GRAHAM, JAMES E
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ DELETE

NAME JONES, DAVID G
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ DELETE

NAME KOLLAR, WILLIAM R
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ DELETE

NAME MITCHELL, URBAN G
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ DELETE

NAME GRAHAM, BARBARA D
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D ☐ DELETE

NAME MITCHELL, JANET M
STREET ADDRESS 2148 SADLER ROAD
CITY-ST-ZIP AMELIA ISLAND FL 32034

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 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:

William K. Kollar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/96

Date

(941) 792-7511

Daytime Phone #

CR2E034 (12/95)