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FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

450 67TH ST. W.  
NEWPORT RICHEY FL 34209  
US

1450 59TH STREET. W.  
SUITE 101  
BRADENTON FL 34209  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

4. FEI 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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6220 MANATEE AVE W

Suite, Apt. #, etc.

22 Suite 302

City & State

23 Bradenton FL

Zip

24 34209

Country

25 USA

2a. Mailing Address

26 6220 MANATEE AVE WEST

Suite, Apt. #, etc.

27 #302

City & State

28 Bradenton FL

Zip

29 34209

Country

30 USA

9. Name and Address of Current Registered Agent

GRAHAM, JAMES E  
2148 SADLER ROAD  
AMELIA ISLAND FL 32034

10. Name and Address of New Registered Agent

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

TITLE D  
NAME GRAHAM, JAMES E  
STREET ADDRESS 2148 SADLER ROAD 1927 SO. 14TH ST  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D  
NAME MITCHELL, URBAN G  
STREET ADDRESS 2840 W BAY DRIVE, #110  
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640

TITLE D  
NAME GRAHAM, BARBARA D  
STREET ADDRESS 2148 SADLER ROAD 1927 SO. 14TH ST.  
CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE D  
NAME MITCHELL, JANET M  
STREET ADDRESS 2840 W BAY DRIVE, #110  
CITY-ST-ZIP BELLEAIR BLUFFS FL 34640

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

SIGNATURE

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (10/97)