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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90073 035 \*\*\*150.00

## 1999 DOCUMENT # P95000017813 MITCHELL & GRAHAM, INC. Mailing Address Principal Place of Business 6220 MANATEE AVE W #302 6220 MANATEE AVE W #302 **BRADENTON FL 34209** BRADENTON FL 34209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/02/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3314974 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip □No Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRAHAM, JAMES E Street Address (P.O. Box Number is Not Acceptable) 82 2148 SADLER ROAD AMELIA ISLAND FL 32034 83 Zip Code 85 84 City 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 reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 ☐ Addition ☐ Change DELETE 1.1 TITLE TITLE 12 NAME GRAHAM, JAMES E NAME 1.3 STREET ADDRESS 1927 S 14TH ST STREET ADDRESS 1,4 CITY-ST-ZIP AMELIA ISLAND FL 32034 CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME MITCHELL, URBAN G NAME 2.3 STREET ADDRESS 2840 W BAY DRIVE, #110 STREET ADDRESS 2.4 CITY-ST-ZIP **BELLEAIR BLUFFS FL 34640** Addition CITY-ST-ZIP ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME GRAHAM, BARBARA D NAME 3.3 STREET ADDRESS 1927 S 14TH ST STREET ADDRESS 3.4. CITY-ST-ZIP AMELIA ISLAND FL 32034 CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME MITCHELL, JANET M NAME 4.3 STREET ADDRESS 2840 W BAY DRIVE, #110 STREET ADDRESS 4.4 CITY-ST-ZIP **BELLEAIRE BLUFFS FL 34640** CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 6.1 TITLE DELETE TITLE 6.2 NAME NAME

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IKE REQUIRED S OFFICER OR DIRECTOR