

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 16 1997 8:00am  
Secretary of State

DOCUMENT # **P96000099331 (6)**

1. Corporation Name

**MITCH'S ALL AMERICAN BEVERAGE, INC.**



Principal Place of Business

Mailing Address

**5679 PILLAR AVENUE  
SPRING HILL FL 34608**

**5679 PILLAR AVENUE  
SPRING HILL FL 34608-1545**

2. Principal Place of Business

2a. Mailing Address

21 **13175 SPRING HILL DR.**

26 **ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **SPRING HILL, FL**

28

Zip

Country

Zip

Country

24 **34609**

25

**USA**

29

30

9. Name and Address of Current Registered Agent

**MITCHIE, CURTIS B  
5679 PILLAR AVENUE  
SPRING HILL FL 34608**

81 Name

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

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**12/06/1996**

3a. Date of Last Report

4. FEI Number

**59-3415782**

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

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 jurisdiction of Section 607.0505, Florida Statutes.

SIGNATURE

*Curtis B. Mitchie*

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-97**

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **MITCHIE, CURTIS B**  
STREET ADDRESS **5679 PILLAR AVENUE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **D** ☐ DELETE  
NAME **BOHATKO, MARIA**  
STREET ADDRESS **5679 PILLAR AVENUE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*Curtis B. Mitchie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-9-97 813-532-6505**

Daytime Phone # 0010762

CR2E034 (9/96)