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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P97000008845

MITCHELL'S MUSTANGS, INC.

Principal Place of Business Mailing Address 164 N. Florida Ave same Inverness Fl. 3a. Date of Last Report 3. Date Incorporated or Qualified 34453 1-27-97 2. Prinopal Flace of Busines 2a. Mailing Address FEI Number Applied For 21 164 N. Florida Aveza 164 N. Florida Ave Not Applicable Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired 22 ee hedoired City & Share City & State \$5.00 May Be 6. Election Campaign Financing 23 Inver 1035 Invernoss Trust Fund Contribution Added to Fees Country USA 8. This corporation has liability for intangible tax under s. 199.032, 34453 Yes 🔲 No 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 William 82 fress (P.O. Box Number is Not Acceptable 83 84 #nverness 11. Fursion 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (AOT). Registered Agent signature required when reinstating) FIGERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. President HLE 11 TITLE Change william c. Mitchell

1.3 STREET ADDRESS HILLOCK TErr STREET ADDRESS 1485. S. 14 CITY-ST-ZIP DELETE 101. F 21 TITLE ☐ Change Addition NAME 22 NAME 2.3 STREET ADDRESS ETELETIAL TUESS 2. 4 CITY - ST - ZIP Calm St. 70 DELETE 31 TIFLE Change Addition 1910 NAM: 3.2 NAME \$18071 ALORESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP (39Y St. 70 DELETE Change Addition THE 4.1 TITLE NAME 4. 2 NAME 519 1 LAB (#859) 4.3 STREET ADDRESS Off 84 70 4.4 CITY - ST-ZIP DE LETE MILE 5.1 TITLE Addition SALI 5.2 NAME STORM BRY 5.3 STREET ADDRESS 5.4 City - ST-- ZIP ODY 51 70 400002171584 DELETE 111) F 6 1 TITLE 1,28% 6.2 NAME -05/08/97--01099--031 51-51 AL (0) 15 6.3 STREET ADDRESS ***165.00 OHY 81 74 6 4 CITY-ST-ZIP

14. Like the city certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the enforced 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 Larrier efficiency of rector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appropriate the first supplemental annual report is a supplemental annual report in the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are required by Chapter 607, Florida Statutes; and that my name appropriate the supplemental annual report is true.

SIGNATURE: William C Mittley (William C MITCHEU)

4/29/91 352. 344-8343

FILED

May 06 1997 8:00am

Secretary of State

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