

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058873

1. Entity Name

MITCHELL & DYKES CONSTRUCTION CO.

Principal Place of Business

8329 JAMES ST  
PANAMA CITY FL 32404

Mailing Address

8329 JAMES ST  
PANAMA CITY FL 32404

2. Principal Place of Business

8329 James St

3. Mailing Address

8329 James St

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32404

Zip

32404

Country

Bar

Country

Bar

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90205 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MITCHELL, DEAN M

8329 JAMES ST

PANAMA CITY FL 32404

Name

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

City FL Zip Code

## 7. Name and Address of New Registered Agent

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
MITCHELL, DEAN M  
8329 JAMES ST  
PANAMA CITY FL 32404

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
DYKES III, ANDREW W  
5205 MELISSA DR  
PANAMA CITY FL 32404

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
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Change  Addition

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dean M. Mitchell*

4/21/02 (850)874-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)