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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099329

1. Corporation Name

MITCHELL'S OFFICE SYSTEMS, INC.

Principal Place of Business

116 E 3RD AVE
TALLAHASSEE FL 32303

Mailing Address

116 E 3RD AVE
TALLAHASSEE FL 32303

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

P.O. Box 5967

Suite, Apt. #, etc.

27

City & State

28

Tallahassee, FL

Zip

Country

29

32314-5967

30

US

9. Name and Address of Current Registered Agent

POWELL, THOMAS L
803 N CALHOUN ST
TALLAHASSEE FL 32303

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 requires 1 when not signing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE C [] DELETE

NAME TOOKES, JAMES N
STREET ADDRESS 925 E. MAGNOLIA #C-5
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE P [X] DELETE

NAME MITCHELL, J.W.
STREET ADDRESS RT. 1 BOX 779
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE S [X] DELETE

NAME PERRY-PLATT, ROSE M
STREET ADDRESS 454 ELLIS RD.
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VP [] DELETE

NAME TOOKES, GERALD R
STREET ADDRESS 913 E. MCGUIRE CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VP [X] DELETE

NAME JOHNSON, MARVIN
STREET ADDRESS 605 HAMPTON AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President [] Change [X] Addition

12 NAME Crooms, Reginald
13 STREET ADDRESS 925 E. Magnolia #C-5
14 CITY-ST-ZIP Tallahassee, FL 32301

21 TITLE Vice President [] Change [X] Addition

22 NAME Crooms, Beverly
23 STREET ADDRESS 925 E. Magnolia #C-5
24 CITY-ST-ZIP Tallahassee, FL 32301

31 TITLE Secretary [] Change [X] Addition

32 NAME Stanley, Iris E.
33 STREET ADDRESS 3016 Byington Circle
34 CITY-ST-ZIP Tallahassee, FL 32303

41 TITLE [] Change [] Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
800002870418- 3
-05/11/99--01003--011
****158.75 ****158.75

51 TITLE [] Change [] Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME
63 STREET ADDRESS
64 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, with all other like empowered

SIGNATURE:

Gerald R. Tookes

4/27/99

(850) 521-0393

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