

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90017 015 ***150.00

DOCUMENT # P98000008464
Corporation Name
J.H. MITCHELL CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
19 US 98 NORTH
LAKELAND FL 33809

Mailing Address
5619 US 98 NORTH
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/27/1998	
4. FEI Number 59-3489279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

I, 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 required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
LE WE REET ADDRESS Y-ST-ZIP	PSTD MITCHELL, JAMES H 5619 US 98 NORTH LAKELAND FL 33809	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		1.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		1.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		1.4 CITY-ST-ZIP			
LE ME REET ADDRESS Y-ST-ZIP		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		2.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		2.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		2.4 CITY-ST-ZIP			
LE ME REET ADDRESS Y-ST-ZIP		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		3.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		3.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		3.4 CITY-ST-ZIP			
LE ME REET ADDRESS Y-ST-ZIP		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		4.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		4.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		4.4 CITY-ST-ZIP			
LE ME REET ADDRESS Y-ST-ZIP		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		5.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		5.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		5.4 CITY-ST-ZIP			
LE ME REET ADDRESS Y-ST-ZIP		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP		6.2 NAME			
LE ME REET ADDRESS Y-ST-ZIP		6.3 STREET ADDRESS			
LE ME REET ADDRESS Y-ST-ZIP		6.4 CITY-ST-ZIP			

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.

SIGNATURE: *James H. Mitchell* 7-2-99 941-858-2360

CR2E034 (5/99)



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583479-90017-15

J.H. MITCHELL CONSTRUCTION MANAGEMENT, INC.
5619 U.S. HWY. 98 NORTH
LAKELAND, FLORIDA 33809
TELEPHONE: 941-858-2360 FAX: 941-815-7416

July 2, 1999

Division of Corporations
Annual Reports Filings

Dear Sirs,

This is the first notice that I have received on the filings on my corporation. I have enclosed the \$150.00 for my filing fees.

Sincerely,

A handwritten signature in cursive script, appearing to read 'James H. Mitchell'.

James H. Mitchell

T RUST • **H** ONOR • **L** OYALTY