

SECOND 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 30, 1999 8:00 am
Secretary of State

07-30-1999 90009 034 ***150.00

DOCUMENT # S19626

1. Corporation Name

MITCHELL LAW GROUP, P.A.

Principal Place of Business

201 E. KENNEDY
SUITE 800
TAMPA FL 33602
US

Mailing Address

P.O. BOX 1655
TAMPA FL 33601-1655
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1990

4. FEI Number

59-3063071

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **101 E. Kennedy**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3010**

27

City & State

City & State

23 **Tampa FL.**

28

Zip

Zip

24 **33602**

29

Country

Country

25 **US.**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, WILLIAM D.
11708 PLUMOSA RD.
TAMPA FL 33618

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MITCHELL, WILLIAM D.**

STREET ADDRESS **11708 PLUMOSA RD.**

CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

William D. Mitchell

7/20/99

813-223-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0065300

599172-90009-59
519626

MITCHELL LAW GROUP

101 E. KENNEDY BOULEVARD
SUITE 3010
P. O. BOX 1655
TAMPA, FLORIDA 33601-1655

TELEPHONE 813-223-1959
FACSIMILE 813-221-2517
mitchlaw@gte.net

July 20, 1999

Certified Mail-Return Receipt Requested

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

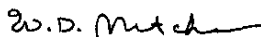
Dear Sir or Madam:

Enclosed is our 1999 Annual Report along with a check for \$150.00.

We hereby request a one time waiver of the \$400.00 late fee. Although the mailing address is correct, we did not receive the annual report packet or if we did it was never put in line for payment (we had sudden and unexpected staff turnover during part of the critical time and it is possible that the departing manager never bothered to put the report in line for payment).

We have been a Florida corporation for eight years and have never been late in paying before.

Sincerely yours,



William D. Mitchell