

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S68784 (5)
1. Corporation Name
A. J. MITCHELL, INC.

Principal Place of Business
14507 ARBOR HILLS ROAD
TAMPA FL 33625

Mailing Address
14507 ARBOR HILLS ROAD
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 15403-225 LAKESHORE VILLA RD
Suite, Apt. #, etc.
22
City & State
23 TAMPA FLA.
Zip
24 33613
Country
25 USA

2a. Mailing Address
26 PO BOX 270512
Suite, Apt. #, etc.
27
City & State
28 TAMPA FLA.
Zip
29 33688
Country
30 USA

3. Date Incorporated or Qualified
07/25/1991

4. FEI Number
59-3106315
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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MITCHELL, ALBERT J.
14507 ARBOR HILLS ROAD
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name
MITCHELL, ALBERT J.
82 Street Address (P.O. Box Number is Not Acceptable)
15403-225 LAKESHORE VILLA RD
83
84 City
TAMPA
85 Zip Code
FL 33613

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:  ALBERT J MITCHELL

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/3/98

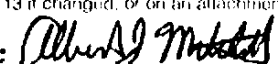
12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, ALBERT J.	
STREET ADDRESS	14507 ARBOR HILLS ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15403 LAKESHORE VILLA RD #225
1.4 CITY-ST-ZIP	TAMPA, FLA 33613
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  ALBERT J MITCHELL PRES.

4/3/98 813-963-3014

CR2E034 (10/97)