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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33690

(1)

Mailing Address

TIM MITCHELL CREATIONS, INC.

FILED Apr 17 1998 8:00am Secretary of State



7718 KINGMAN STREET PANAMA CITY BEACH FL 32408		7718 KINGMAN STREET PANAMA CITY BEACH FL 32408				DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualified 05/05/1992		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Δ	Applied For
21		26				59-3125960		ot Applicable
Sulte, Apt.	#. etc.	Suite, Apt. #, etc.						Additional
22 City & State		27				5. Certificate of Status Desired	Fee F	Required
 -	3	City & State				6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28	Zip Country			Trust Fund Contribution		to Fees
	—	<u></u>	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No		
24	25 29 9. Name and Address of Current Registered Agent			<u> </u>	10. Name and Address of New Registered Agent			NO
					Name	10. Harris and Address of New Hogistere	Agoin	
ISLER, CHARLES S. III					THATTA			
	4 MAGNOLIA AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
PA	NAMA CITY FL 32402				83			
				83				
	-			84	City	FI	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607 0502	2 and 607 1508. Eld	orida Statutes	the abov	e-named co	orporation submits this statement for the purpose		its registered
office or re agent. I ar	egistered agent, or both, in the State of mariliar with, and accept the obligations.	of Florida Such ch tions of, Section 60	ange was au 07.0505, Flori	thorized b	y the corpo s.	oration's board of directors. I hereby accept the ap	pointment as	s registered
SIGNATURE	Signature, typed or printed name of registored agen	nt and title if applicable.	(NOTE:	Registered Ag	eni signature re	equired when reinstaling) DATE		
12.	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D		DELETE	1.1 TITLE			Change	☐ Addition
NAME	MITCHELL, TIMOTHY D,			1.2 NAME				
STREET ADORESS	7718 KINGMAN STREET			1.3 STREE	ADDRESS]
CITY-ST-ZIP	PANAMA CITY BEACH FL			1.4 CITY - :	ST-ZIP			İ
TITLE	D		DELETE	2.1 TITLE			Change	Addition
NAME	MITCHELL, PATRICIA L.			2.2 NAME				
STREET ADDRESS	7718 KINGMAN STREET			2.3 STREE	ADDRESS			
CITY-ST-ZIP	Panama City Beach Fl			2. 4 CITY-	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				Ì
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP			
TITLE			DELETÉ	5 1 TITLE			Change	☐ Addition
NAME				52 NAME			•	
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S				
TITLE			DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME	i			_
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	l			
14. I hereby co	ertify that the information supplied wit	h this filing does n	ot qualify for	the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes, I further c	ertify that the	a information
Indicated of	on this annual report or supplemental	annual report is tru	ue and accur	ate and th	at my signa	ature shall have the same legal effect as if made usequired by Chapter 607, Florida Statutes; and that	nder oath: th	at I am an