FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48460 (2)

1. Corporation Name
MITCHELL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2901 EAST FOWLER AVE. S101 TAMPA FL 33612 US	2901 EAST FOWLER AVE. S101 TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1992
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21: 11806A N. 56th St.
Suite, Apt. #, etc. 22:
City & State 23: Tampa, FL
Zip 24: 33617 Country 25:

2a. Mailing Address
26: 11806A N. 56th St.
Suite, Apt. #, etc. 27:
City & State 28: Tampa, FL
Zip 29: 33617 Country 30:

4. FEI Number: 59-3137307 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MITCHELL, JAMES DALE, SR.
2901 EAST FOWLER AVE.
SUITE 201
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11806A N. 56th St.
83
84 City: Tampa FL 85 Zip Code: 33617

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: James Dale Mitchell Jr. 2-27-95
(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	DPT	1.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, JAMES DALE, SR	1.2 NAME		
STREET ADDRESS	10902 CLIFF DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL, JAMES DALE, JR	2.2 NAME		
STREET ADDRESS	3810 W. BARCELONA	2.3 STREET ADDRESS	12507 Rain Forest St.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	MITCHELL, KATHERINE	3.2 NAME		
STREET ADDRESS	3810 W. BARCELONA	3.3 STREET ADDRESS	12507 Rain Forest St.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Dale Mitchell Jr. 2-27-95 813 985-9855
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0209334 CR