

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
We May 14 1997 8:00am
= Secretary of State

DOCUMENT # V048460

1. Corporation Name

Mitchell Investments, Inc.

Principal Place of Business

5035 E. Busch Blvd.
Suite 4
Tampa, FL 33617

Mailing Address

5035 E. Busch Blvd.
Suite 4
Tampa, FL 33617

2. Principal Place of Business

21 5035 E. Busch Blvd.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Tampa, FL

Zip

24 33617

Country

25 USA

2a. Mailing Address

26 5035 E. Busch Blvd.

Suite, Apt. #, etc.

27 Suite 4

City & State

28 Tampa, FL

Zip

29 33617

Country

30 USA

3. Date incorporated or Qualified

7-2-92

3a. Date of Last Report

3-16-96

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

10. Name and Address of New Registered Agent

Mitchell, James Dale, Sr.
5035 E. Busch Blvd.
Suite 4
Tampa, FL 33617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James Dale Mitchell*

(NOTE: Registered Agent signature required when reinstating)

DATE

5-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE President

NAME Mitchell, James Dale, Sr.

STREET ADDRESS 6228 Seaview Ave.

CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ DELETE Vice President

NAME Mitchell, James Dale, Jr.

STREET ADDRESS 12507 Rain Forest St.

CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ DELETE Secretary

NAME Mitchell, Katherine

STREET ADDRESS 12507 Rain Forest St.

CITY-ST-ZIP Tampa, FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***165.00

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5/14/97

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Dale Mitchell* *James Dale* 813 985-9855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5-12-97 Daytime Phone

CR2E037 (9/96)