

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V52371** (4)

1. Corporation Name

MITCHELL TRANSLATIONS, INC.



Principal Place of Business

Mailing Address

**4155 E. VIEW PLACE
GULF BREEZE FL 32561**

**4155 E. VIEW PLACE
GULF BREEZE FL 32561**

3. Date Incorporated or Qualified
07/20/1992

3a. Date of Last Report
02/07/1995

4. FEI Number

59-3135745

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, PAUL D
4155 E. VIEW PLACE
GULF BREEZE FL 32561**

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 (type or print name of registered agent and the filer, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DPS
MITCHELL, PAUL D.
4155 E. VIEW PLACE
GULF BREEZE FL**

11 TITLE ☐ Change ☐ Addition

STREET ADDRESS **4155 E. VIEW PLACE
GULF BREEZE FL**

12 NAME

CITY- ST- ZIP **FL**

13 STREET ADDRESS

TITLE ☐ DELETE

14 CITY- ST- ZIP

NAME **DV
MITCHELL, JOYCE A.
4155 E. VIEW PLACE
GULF BREEZE FL**

21 TITLE ☐ Change ☐ Addition

STREET ADDRESS **4155 E. VIEW PLACE
GULF BREEZE FL**

22 NAME

CITY- ST- ZIP **FL**

23 STREET ADDRESS

TITLE ☐ DELETE

24 CITY- ST- ZIP

NAME

31 TITLE ☐ Change ☐ Addition

STREET ADDRESS

32 NAME

CITY- ST- ZIP

33 STREET ADDRESS

TITLE ☐ DELETE

34 CITY- ST- ZIP

NAME

41 TITLE ☐ Change ☐ Addition

STREET ADDRESS

42 NAME

CITY- ST- ZIP

43 STREET ADDRESS

TITLE ☐ DELETE

44 CITY- ST- ZIP

NAME

51 TITLE ☐ Change ☐ Addition

STREET ADDRESS

52 NAME

CITY- ST- ZIP

53 STREET ADDRESS

TITLE ☐ DELETE

54 CITY- ST- ZIP

NAME

61 TITLE ☐ Change ☐ Addition

STREET ADDRESS

62 NAME

CITY- ST- ZIP

63 STREET ADDRESS

TITLE ☐ DELETE

64 CITY- ST- ZIP

NAME

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)(k), 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: *Paul D. Mitchell* **PAUL D. MITCHELL** **Feb 6, 1996** **(904) 934-3739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)