

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 JUN 28 AM 9:05**

**DOCUMENT # 690378 (5)**  
1. Corporation Name  
**METS EXEMPT TUCKING SERVICE, INC.**

Principal Place of Business Mailing Address  
**6744 ALISMA LANE 6744 ALISMA LANE  
C/O WILLIAM W. CALDWELL, ESQ. C/O WILLIAM W. CALDWELL, ESQ.  
JACKSONVILLE FL 32244 JACKSONVILLE FL 32244**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/16/1981</b>	3a. Date of Last Report <b>04/12/1994</b>
21		26		4. FEI Number <b>59-2536609</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CALDWELL, WILLIAM W., ESQ. 744 BEACHLAND BLVD. VERO BEACH FL</b>				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1. TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	METS, RICHARD	2. NAME			
STREET ADDRESS	6744 ALISMA LANE	3. STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL	4. CITY - ST - ZIP			
TITLE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY - ST - ZIP		2.4 CITY - ST - ZIP			
TITLE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY - ST - ZIP		3.4 CITY - ST - ZIP			
TITLE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 110.07(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 or is changed, or on an attachment, with my address.

SIGNATURE: *Richard Mets* 6/23/95 (904) 777-1091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)

CR2E034 (3/95)