

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 832670 (4)

1. Corporation Name

METRIC CONSTRUCTORS, INC.



Principal Place of Business

6060 J. A. JONES DRIVE
ATTN: TAX DEPT.
CHARLOTTE N. 28287
US

Mailing Address

6060 J. A. JONES DRIVE
ATTN: TAX DEPT.
CHARLOTTE N. 28287
US

3. Date Incorporated or Qualified

07/09/1974

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

56-0931334

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

23

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of registered agent as in the application

(NOTE: Registered Agent Signature required when not filing jointly)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VD
STEINWENDER, THEODORE L.
STREET ADDRESS 1901 TANGLEWOOD DR NE
CITY - ST - ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
NAME VD
TAYLOR, JAMES C.
STREET ADDRESS 5002 BARNWOOD TRAIL
CITY - ST - ZIP KENNESAW GA

TITLE ☐ DELETE
NAME S
AUDREY F ROBINSON
STREET ADDRESS 3801 MANCHESTER DRIVE
CITY - ST - ZIP CHARLOTTE NC

TITLE ☐ DELETE
NAME PD
PARTAIN, CLAUDE RAYMOND
STREET ADDRESS 3712 WOODY GROVE LANE
CITY - ST - ZIP CHARLOTTE NC

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP St. Petersburg, FL 33702

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP Kennesaw, GA 30144

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP Charlotte, NC 28217

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP Charlotte, NC 28226

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *Audrey F. Robinson* / Audrey F. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 (704) 553-3587
Date Office Phone #

CR2E034 (12/95)