

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **274474**

1. Corporation Name
Flanagan-Metcalf, Inc.
2625 Parkview Ave.
Tampa, Fl. 33629

Principal Place of Business Mailing Address
Same As Above

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		1963	1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1031589	Not Applicable
24. Zip	Country	29. Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				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			
Ralph L. Metcalf 2625 Parkview Ave. Tampa, Fl. 33629				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 **Ralph L. Metcalf Pres.**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	TITLE: President <input type="checkbox"/> DELETE NAME: Ralph L. Metcalf STREET ADDRESS: 2625 Parkview Ave. CITY, ST, ZIP: Tampa, Fl. 33629	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: Vice Pres., Sec.-Treas. STREET ADDRESS: Samuel F. Scott, Jr. CITY, ST, ZIP: 4701 San Jose Ave. Tampa, Fl. 33629 <input type="checkbox"/> DELETE	1.2 NAME	
DIRECTOR	NAME: Director STREET ADDRESS: Parma Kidd CITY, ST, ZIP: 4412 Paul Ave. Tampa, Fl. 33611 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	2.2 NAME	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	3.2 NAME	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	4.2 NAME	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	5.2 NAME	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	6.2 NAME	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
DIRECTOR	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY, ST, ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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

SIGNATURE: **Parma Kidd** **Parma Kidd** **4-17-97** **813/839-0362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Handwritten signature and date: 4/22