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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90110 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 27474

1. Corporation Name

FLANAGAN-METCALF Inc.

Principal Place of Business

Mailing Address

*2625 Parkview Ave.
 Tampa Fl. 33629*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

59-1031589

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME *President*
Ralph L. Metcalf
 STREET ADDRESS *2625 Parkview Ave.*
 CITY-ST-ZIP *Tampa Fl 33629*

1.1 TITLE Change Addition

TITLE DELETE

NAME *Sec*
Samuel F. Scott Jr.
 STREET ADDRESS *4701 San Jose St.*
 CITY-ST-ZIP *Tampa Fl 33629*

2.1 TITLE Change Addition

TITLE DELETE

NAME *Treas*
Samuel F. Scott Jr.
 STREET ADDRESS *4701 San Jose St.*
 CITY-ST-ZIP *Tampa Fl 33629*

3.1 TITLE Change Addition

TITLE DELETE

NAME *Director*
Parma Kidd
 STREET ADDRESS *4412 Paul Ave*
 CITY-ST-ZIP *Tampa Fl. 33611*

4.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

14. I 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, with all other like empowered.

SIGNATURE:

Parma Kidd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

Date

813/839-0362

Daytime Phone #

CR2E034 (11/98)