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

1-26-96 B-0360-C

DOCUMENT # 300901 (6)

1. Corporation Name

METCALF CRAB COMPANY INC

Principal Place of Business

51 RAKER LANE
CRAWFORDVILLE FL 32327
US

Mailing Address

P.O. BOX 627
PANACEA FL 32346
US

3. Date Incorporated or Qualified: 11/06/1972

3a. Date of Last Report: 02/06/1995

4. FEI Number: 59-1163128 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

WALKER, JACKIE, E.A.
327 OFFICE PLAZA DR., SUITE 203
TALLAHASSEE FL 32301

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	METCALF,DANNY R.		1.2 NAME	
STREET ADDRESS	OCKLOCKNEE AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	METCALF,CARL		2.2 NAME	
STREET ADDRESS	ALPHA AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL		2.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	METCALF,INEZ		3.2 NAME	METCALF, MARION
STREET ADDRESS	LEVY BAY ROAD		3.3 STREET ADDRESS	90 CHIPOLA STREET
CITY-ST-ZIP	PANACEA FL		3.4 CITY-ST-ZIP	PANACEA FL
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 Marion Metcalf Marion Metcalf, Secretary — 1-23-96 — 904 926-3108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)