

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90079 046 ***150.00

DOCUMENT # 300901

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1972

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Marion Metcalf

82 Street Address (P.O. Box Number is Not Acceptable)

90 Chipola St

83

84 City

Panacea

FL

85 Zip Code

32346

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

Marion Metcalf

Marion Metcalf

DATE

2-22-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME METCALF, DANNY R.
STREET ADDRESS 90 CHIPOLA ST.
CITY-ST-ZIP PANACEA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME METCALF, CARL
STREET ADDRESS 92 ALAPAHA AVE.
CITY-ST-ZIP PANACEA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME METCALF, MARION
STREET ADDRESS 90 CHIPOLA STREET
CITY-ST-ZIP PANACEA FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME METCALF, ELIZABETH
STREET ADDRESS 92 ALAPAHA AVE.
CITY-ST-ZIP PANACEA FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ 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:

Marion Metcalf, Secretary

Date

Daytime Phone #

850-926-7338

CR2E034 (1/98)