

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

RECEIVED MAY 10 1995

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DOCUMENT # **364939**

(9)

1. Corporation Name

METROPOLITAN SYSTEMS, INC.

2. Principal Office Address

**3014 WEST HORATIO STREET
TAMPA FL 33609**

3. Mailing Address

**3014 WEST HORATIO STREET
TAMPA FL 33609**

(Check one) () Initial Filing () Renewal Filing

3. Date incorporated or organized
06/02/1970

3a. Date of Last Report
04/27/1994

4. FIC Number
59-2148739

Applied Fee
Not Applicable

5. Certificate of Status: Foreign

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Has corporation ever adopted the Uniform Commercial Code (UCC) for its operation?
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ROCKER, JR. CHARLES L.
3014 HORATIO
TAMPA FL 33609**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.01(1), (2), and (3), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent in the state of Florida. Such change was authorized by the corporation's board of directors, thereby, and upon the requirement as required agent. Furthermore, with respect to the filing of this statement, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR INFORMATION

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD ROCKER, JR. CHARLES L.
OFFICE ADDRESS	3014 HORATIO TAMPA FL
NAME	VD GODWIN, M.E.
OFFICE ADDRESS	3014 HORATIO TAMPA FL
NAME	S EBBS, SARAH K.
OFFICE ADDRESS	3014 HORATIO TAMPA FL
NAME	
OFFICE ADDRESS	
NAME	
OFFICE ADDRESS	
NAME	
OFFICE ADDRESS	
NAME	
OFFICE ADDRESS	
NAME	
OFFICE ADDRESS	

1. NAME		☐ Change ☐ Addition
2. STREET ADDRESS		
3. CITY		
4. NAME		☐ Change ☐ Addition
5. OFFICE ADDRESS		
6. CITY		
7. NAME		☐ Change ☐ Addition
8. OFFICE ADDRESS		
9. CITY		
10. NAME		☐ Change ☐ Addition
11. OFFICE ADDRESS		
12. CITY		
13. NAME		☐ Change ☐ Addition
14. OFFICE ADDRESS		
15. CITY		
16. NAME		☐ Change ☐ Addition
17. OFFICE ADDRESS		
18. CITY		
19. NAME		☐ Change ☐ Addition
20. OFFICE ADDRESS		
21. CITY		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(1)(b), Florida Statutes. Furthermore, that the information disclosed in 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 of this filing. This filing is being filed on an attachment with an address.

SIGNATURE:

M E Godwin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

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