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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90027 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 500880

1. Corporation Name
METRO SPECIALTY SERVICES CORPORATION

Principal Place of Business

1972 HILLVIEW ST
SARASOTA FL 34239
US

Mailing Address

POST OFFICE BOX 985
SARASOTA FL 34230-0985
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1976

4. FEI Number

59-1661665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30 Country

9. Name and Address of Current Registered Agent

HUBER, MARK J
1972 HILLVIEW STREET
SARASOTA FL 34230-0985

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUBER, MARK J.

STREET ADDRESS 3421 BAYOU CT.

CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE SD ☐ DELETE

NAME HUBER, JOYCE W

STREET ADDRESS 2120 HARBORSIDE DRIVE

CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE VTD ☐ DELETE

NAME HUBER, JAMES C.

STREET ADDRESS 2120 HARBORSIDE DRIVE

CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE V ☐ DELETE

NAME COUNSEL-HUBER, PAUL C.

STREET ADDRESS 226 LAKE SUMMERSET DR.

CITY-ST-ZIP DAVIS IL 61019

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

James C. Huber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99

941-383-2440

Date

Daytime Phone #

CR2E034 (11/98)