CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713680 (7)

1. Corporation Name
METROPOLITAN HOME, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
133 W 6TH ST JACKSONVILLE FL 32206	133 W 6TH ST JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: 11/21/1967
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1558487 (Applied For / Not Applicable)

2. Principal Place of Business
21 METROPOLITAN HOME
Suite, Apt. #, etc.
22 JACKSONVILLE FLORIDA
City & State
23
Zip 24: 32206
Country 25: DUVAL

2a. Mailing Address
26 133 West 6th. St.
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOTE, LUCILE
551 W 17TH ST
JACKSONVILLE, FL

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
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOTE, LUCILLE	1.2 NAME	
STREET ADDRESS	551 W 17TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GILLIAM, MILDRED	2.2 NAME	
STREET ADDRESS	1737 W. 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POTE, OPAL	3.2 NAME	
STREET ADDRESS	1331 W. 6TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SESSIONS, A.N.	4.2 NAME	
STREET ADDRESS	1722 W. 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HARPER, MARY	5.2 NAME	
STREET ADDRESS	1044 W. 18TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, LUCILLE	6.2 NAME	
STREET ADDRESS	672 W. 17TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucille Mote, PRESIDENT — 4-13-95 — 904-356-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LUCILLE MOTE

608087