

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002617 (9)

1. Corporation Name

METROPOLITAN LAND, INC.

Principal Place of Business

555 BEN FRANKLIN DRIVE #3
SARASOTA FL 34236-2050
US

Mailing Address

555 BEN FRANKLIN DRIVE #3
SARASOTA FL 34236-2050
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

CARTER, LINDA K
555 BEN FRANKLIN DRIVE #3
SARASOTA FL 34236-2050

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

52-0986903

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DV

☐ DELETE

NAME

CARTER, RILEY B

STREET ADDRESS

~~555 BEN FRANKLIN DR. #2~~

CITY- ST- ZIP

~~SARASOTA FL~~

TITLE

~~DST~~

☒ DELETE

NAME

~~CARTER, RILEY B. II~~

STREET ADDRESS

~~555 BEN FRANKLIN DR. #3~~

CITY- ST- ZIP

~~SARASOTA FL~~

TITLE

~~DP~~

☐ DELETE

NAME

~~CARTER, RILEY B. II~~

STREET ADDRESS

~~555 BEN FRANKLIN DR. #3~~

CITY- ST- ZIP

~~SARASOTA FL~~

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

DV

☒ Change

☐ Addition

1.2 NAME

CARTER, RILEY B.

1.3 STREET ADDRESS

544 SUTTON PLACE

1.4 CITY- ST- ZIP

LONGBOAT KEY, FL. 34228

2.1 TITLE

DST

☒ Change

☐ Addition

2.2 NAME

CARTER, LINDA K.

2.3 STREET ADDRESS

555 BEN FRANKLIN DR. #3

2.4 CITY- ST- ZIP

SARASOTA, FL. 34236-2050

3.1 TITLE

DP

☒ Change

☐ Addition

3.2 NAME

CARTER, RILEY B. II

3.3 STREET ADDRESS

555 BEN FRANKLIN DR. #3

3.4 CITY- ST- ZIP

SARASOTA, FL. 34236-2050

4.1 TITLE

DST

☐ Change

☒ Addition

4.2 NAME

CARTER, LINDA K.

4.3 STREET ADDRESS

555 BEN FRANKLIN DR. #3

4.4 CITY- ST- ZIP

SARASOTA, FL 34236-2050

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 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:

Linda Kay Carter LINDA K. CARTER

Date

4/20/96

Daytime Phone #

(941) 955-1010

CR2E034 (12/95)