

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G47403** (2)

1. Corporation Name
METCALF AND ASSOCIATES, INC.



Principal Place of Business 1111 N WESTSHORE BLVD STE - 510 TAMPA FL 33607 US	Mailing Address 1111 N WESTSHORE BLVD STE - 510 TAMPA FL 33607-4713 US
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3. Date Incorporated or Qualified 07/01/1983	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 10905 Elbow Dr.	2a. Mailing Address 26 10905 Elbow Dr
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 TAMPA	City & State 28 TAMPA, FL
Zip 24 FL	Country 25 US
Country 29 US	Zip 30 33612

4. FEI Number 59-2301756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURTON, STEVEN G.
100 S ASHLEY DR
SUITE 2200
TAMPA FL 33602**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, JAMES E	1.2 NAME	metcalf, James E
STREET ADDRESS	1111 N WESTSHORE BLVD / STE - 510	1.3 STREET ADDRESS	10905 Elbow Dr
CITY - ST - ZIP	TAMPA, FL 00000	1.4 CITY - ST - ZIP	Tampa, FL 33612
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCALF, JANICE S.	2.2 NAME	metcalf, Janice S.
STREET ADDRESS	1111 N WESTSHORE BLVD / STE - 510	2.3 STREET ADDRESS	10905 Elbow Dr
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	TAMPA, FL 33612
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  **James E. Metcalf** 4/7/97 013-935-4653

CR2E034 (9/96)