

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:40

DOCUMENT # H19447

(2)

1. Corporation Name

METSERVICES CORPORATION

Principal Place of Business

C/O BRUCE A. MITCHELL, ESQ.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

Mailing Address

C/O BRUCE A. MITCHELL, ESQ.
1825 S. RIVERVIEW DR
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/04/1984

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2449359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901

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 certifying)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	DPS		
	SMITH, ROBERT D.	224 5TH AVE.	MELBOURNE BCH. FL
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	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		
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY, ST, ZIP		
3 1 TITLE		
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY, ST, ZIP		
4 1 TITLE		
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY, ST, ZIP		
5 1 TITLE		
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY, ST, ZIP		
6 1 TITLE		
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 in an attachment with an address.

SIGNATURE:

Robert D Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT D SMITH

22 MAR 95 407 725 6241
Date (Signature Page 2)