

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

APPROVED
AND
FILED

95 APR 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J20612

(4)

1. Corporation Name

MET INVESTMENTS INC.

Principal Place of Business

**335 MAGNOLIA AVE.S.W.
P.O.BOX 7771
WINTER HAVEN FL 33880**

Mailing Address

**335 MAGNOLIA AVE.S.W.
P.O.BOX 7771
WINTER HAVEN FL 33880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2718584

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. 109.032,
Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

**MANNIX, MICHAEL R.,SR.
122 AVENUE D.,S.W.
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name

MICHAEL R. MANNIX SR. SAME

82 Street Address (P.O. Box Number is Not Acceptable)

122 AVE. D. S.W. NOT NEW

83

84 City

WINTER HAVEN

FL

85 Zip Code

33880

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

SMITH, THOMAS E.

STREET ADDRESS

335 MAGNOLIA AVE.,S.W.

CITY - ST - ZIP

WINTER HAVEN FL

TITLE

PTD

NAME

MANNIX, MICHAEL R.,SR.

STREET ADDRESS

122 AVENUE D., S.W.

CITY - ST - ZIP

WINTER HAVEN FL

TITLE

SD

NAME

MANNIX, JEAN S.

STREET ADDRESS

122 AVENUE D., S.W.

CITY - ST - ZIP

WINTER HAVEN FL

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

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 110.07(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:

Michael R. Mannix, Sr.

MICHAEL R. MANNIX, SR.

4-20-95

813/293-4851

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone