FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J29319** **(7)**

1. Corporation Name

METRO DEVELOPMENT CORPORATION OF ORANGE COUNTY

Principal Place of Business	Mailing Address
%D. MILLER MCCARTHY 729 ALBA DR. ORLANDO FL 32804	%D. MILLER MCCARTHY 729 ALBA DR. ORLANDO FL 32804

3. Date Incorporated or Qualified: **08/19/1986**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2709301** ☐ 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

9. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
390 N. ORANGE AVENUE, SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: J. A. Jurgens
82 Street Address (P.O. Box Number is Not Acceptable): Suite C-200
83 1555 Howell Branch Rd.
84 City: Winter Park FL 85 Zip Code: 32789

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: _____ J.A. Jurgens 1/18/96
Signature, type or printed name of registered agent, and date, if applicable — (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, D. MILLER		1.2 NAME		
STREET ADDRESS	729 ALBA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FICKETT, ALAN G		2.2 NAME		
STREET ADDRESS	700 ABERDEEN DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	GREENE, ROBERT T		3.2 NAME		
STREET ADDRESS	8800 POLK CITY ROAD		3.3 STREET ADDRESS	204 Quayside Dr, #404	
CITY-ST-ZIP	HAINES CITY FL 33844		3.4 CITY-ST-ZIP	Maitland, FL. 32751	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOEBEKE, WILLARD J		4.2 NAME		
STREET ADDRESS	102 HORSE LOVERS LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Alan G. Fickett / Alan G. Fickett 1/18/96 407-629-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #