FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 SEP 15 AM 10:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J74533

1. Corporate Name
METALSCORP, INC.

Principal Place of Business / Mailing Address
c/o Walter Cox
6970 108th Avenue North
Largo, FL 34647

3. Date Incorporated or Qualified: 5/27/87
3a. Date of Last Report:

2. Principal Place of Business
21 c/o William D. Murphy
22 6970 108th Avenue N.
23 Largo FL
24 Zip 34647 Country 25

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-2835453 ☐ 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

Cox, Walter
6970 108th Avenue North
Largo, FL 34647

10. Name and Address of New Registered Agent

81 Name: Murphy, William D.
82 Street Address (P.O. Box Number is Not Acceptable): 6970 108th Avenue N.
83
84 City: Largo FL 85 Zip Code: 34647

11. Pursuant to the provisions of Section 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: William D. Murphy
(Signature of person accepting appointment as registered agent and date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP XX DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Cox, Walter	12 NAME	
STREET ADDRESS	6970 108th Avenue North	13 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL	14 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	21 TITLE	S T ☒ Change ☐ Addition
NAME	Petty, Vincent	22 NAME	Petty, Vincent
STREET ADDRESS	6970 108th Avenue North	23 STREET ADDRESS	6970 108th Avenue N
CITY-ST-ZIP	Largo, FL	24 CITY-ST-ZIP	Largo FL 34647
TITLE	DVS ☐ DELETE	31 TITLE	D P ☒ Change ☐ Addition
NAME	Murphy, William D.	32 NAME	Murphy, William D.
STREET ADDRESS	6970 108th Avenue North	33 STREET ADDRESS	6970 108th Avenue N
CITY-ST-ZIP	Largo, FL	34 CITY-ST-ZIP	Largo FL 34647
TITLE	DV ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Menhart, John	42 NAME	000002294660-- 2
STREET ADDRESS	6970 108th Avenue North	43 STREET ADDRESS	-09/16/97--01071--001
CITY-ST-ZIP	Largo, FL	44 CITY-ST-ZIP	****550.00 ****550.00
TITLE	DV ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Jones, Jesse	52 NAME	000002294660--2
STREET ADDRESS	6970 108th Avenue North	53 STREET ADDRESS	-09/16/97--01071--002
CITY-ST-ZIP	Largo, FL	54 CITY-ST-ZIP	******8.75 ******8.75
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: William D. Murphy 9/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #