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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K93533 (3)
1. Corporation Name
METRO BUSINESS SERVICES, INC.

Principal Place of Business
2214 UNIVERSITY BLVD
P.O. BOX 17667
JACKSONVILLE FL 32217
US

Mailing Address
2214 UNIVERSITY BLVD W
JACKSONVILLE FL 32217



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/06/1989

4. FEI Number
59-2052618
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 PO Box 1917
Suite, Apt. #, etc.

2a. Mailing Address
26 PO Box 1917
Suite, Apt. #, etc.

22 City & State
23 Green Cove Springs FL
24 Zip 32043
25 Country USA

27 City & State
28 Green Cove Springs FL
29 Zip 32043
30 Country USA

9. Name and Address of Current Registered Agent
JONES, GARY M
2214 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
238 Wesley Road
83
84 City Green Cove Springs FL 85 Zip Code 32043

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 date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME P JONES, GARY M
STREET ADDRESS 2214 UNIVERSITY BLVD., W.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 238 Wesley Road
1.4 CITY-ST-ZIP Green Cove Springs, FL 32043

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 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 a 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

[Signature]

[Signature]

CR2E034 (10/97)