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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 FEB 14 PM 12:06

DOCUMENT # L21756

(6)

1. Corporation Name

METROPLEX HOLDINGS, INC.

Principal Place of Business

1520 ROYAL PALM SQUARE BLVD. #260
FORT MYERS FL 33919

Mailing Address

1520 ROYAL PALM SQUARE BLVD. #260
FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/05/1989

3a. Date of Last Report

01/31/1994

4. FEI Number

65-0148711

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GARGANO, ANTHONY J.
1520 ROYAL PALM SQUARE BLVD., #260
FT. MYERS FL 33919

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDS

NAME

GARGANO, ANTHONY J

STREET ADDRESS

1520 ROYAL PALM SQUARE BLVD., #260

CITY - ST - ZIP

FT. MYERS FL 33919

TITLE

VD

NAME

DICKEY, TED A

STREET ADDRESS

1430 ROYAL PALM SQUARE BLVD., #104

CITY - ST - ZIP

FT. MYERS FL 33919

TITLE

VD

NAME

VAUGHAN, DAVID C

STREET ADDRESS

1430 ROYAL PALM SQ BLVD., #104

CITY - ST - ZIP

FT. MYERS FL 33919

TITLE

TD

NAME

LEASURE, JEFFREY W

STREET ADDRESS

1520 ROYAL PALM SQUARE BLVD., SUITE 260

CITY - ST - ZIP

FORT MYERS FL 33919

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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 110.07(3)(b), 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 recorder 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: X Anthony J. Gargano, Pres

2/9/95

813-275-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #