SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # **L56410** **(8)**

1. Corporation Name
MCDERMOTT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1992 S FEDERAL HWY STUART FL 34994	1992 S FEDERAL HWY STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1990
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21 3269 SW 42ND AVE	26 3269 SW 42ND AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALM CITY, FL.	City & State 28 PALM CITY, FL.
Zip 24 34990 Country 25 MARTIN	Zip 29 34990 Country 30 MARTIN

4. FEI Number: 65-0181417 ☐ 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

MCDERMOTT, ROCHELLE
1992 S FEDERAL HWY
STUART FL 34994

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 Rochelle McDermott ROCHELLE MCDERMOTT 6/15/95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	PS	☒ Change ☐ Addition
NAME	MCDERMOTT, ROCHELLE	12 NAME	MCDERMOTT, ROCHELLE	
STREET ADDRESS	1992 S FEDERAL HWY	13 STREET ADDRESS	3269 SW 42ND AVE	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE	VT	21 TITLE	VT	☒ Change ☐ Addition
NAME	MCDERMOTT, WILLIAM	22 NAME	MCDERMOTT, WILLIAM	
STREET ADDRESS	1992 S FEDERAL HWY	23 STREET ADDRESS	3269 S.W. 42ND AVE	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	PALM CITY, FL. 34990	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that I, a 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: Rochelle McDermott 6/15/95 407 287-1488
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0119002 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED

DOCUMENT # **L56486** **(8)**

1. Corporation Name

METRO BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
9026 S ORANGE AVE ORLANDO FL 32824 US	9026 S ORANGE AVE ORLANDO FL 32824 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21: 9026 S. Orange Ave.
22: Suite, Apt. #, etc.
23: City & State: Orlando, Florida
24: Zip: 32824
25: Country: Orange

2a. Mailing Address — 26: 9026 S. Orange Avenue
27: Suite, Apt. #, etc.
28: City & State: Orlando Florida
29: Zip: 32824
30: Country: USA

4. FEI Number: 59-2998678 ☐ 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

RETALLACK, VIRGINIA
3045 BRIDGEHAMPTON LANE
SUITE 1100
ORLANDO FL 32812

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on all filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☒ Change ☐ Addition
NAME	RETALLACK, DONALD D.	12 NAME	Virginia B. Retallack	
STREET ADDRESS	3045 BRIDGEHAMPTON LN	13 STREET ADDRESS	3045 Bridgehampton Ln.	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32812	
TITLE	D	21 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	RETALLACK, VIRGINIA B.	22 NAME	Donald D. Retallack	
STREET ADDRESS	3045 BRIDGEHAMPTON LN	23 STREET ADDRESS	3045 Bridgehampton Ln.	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL 32812	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Virginia B. Retallack — 6-15-95 — 407 | 851-8663
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Virginia B. Retallack

0084883 CP