## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

miles scales

STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment wit



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400062502 (7)

METRO ELECTRIC SUPPLY, INC.

Principal Place of Business Mailing Address 725 STEVENS AVENUE 725 STEVENS AVENUE OLDSMAR FL 34877 OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3263594 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 RICHARDS, WILLIAM F SR 1005 BALLINGER ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **LUTZ FL 33549** в3 Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ■ Addition DELETE 1.1 TITLE TITLE WILLIAM F. RICHARDS , JR. 1.2 NAME NAME 6239 GREEBWICH DR. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City - ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP Change \_\_\_ Addition DELETE 6.1 TITLE TITLE NAME 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in