FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064545 (4)

1. Corporation Name
METRO CENTRAL MATERIALS CORP.

Principal Place of Business
5013 GATEWAY AVENUE
ORLANDO FL 32821

Mailing Address
5013 GATEWAY AVENUE
ORLANDO FL 32821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report: SAME

2. Principal Place of Business
21: 5013 GATEWAY AVE
22: Suite, Apt. # etc.
23: City & State: ORL FL
24: Zip: 32821
25: County

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

4. FEI Number: 59-3266318 — 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

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: ERIC MASHBURN % of K. HEROLD
82 Street Address (P.O. Box Number is Not Acceptable): 518 MAPLE ST
83
84 City: WINTER GARDEN 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: K. Herold — 5/1/95

12. OFFICERS AND DIRECTORS

TITLE	
TITLE	V PRES DIR
NAME	CHAS. HAWTHORNE
STREET ADDRESS	12515 LK BUYNAK?
CITY-ST-ZIP	ORL, FL.
TITLE	PRES. DIR.
NAME	K M. HEROLD
STREET ADDRESS	5016 GAIRMN AVE
CITY-ST-ZIP	ORL, FLA
TITLE	V. PRES
NAME	R.T. HEROLD
STREET ADDRESS	BOX 690553
CITY-ST-ZIP	ORL, FL. 32859
TITLE	TREC
NAME	K. HEROLD
STREET ADDRESS	PO. BOX 590645
CITY-ST-ZIP	ORL, FL 32851
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Title / Name / Street Address / City-St-Zip — ☐ Change ☐ Addition — blank)

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 report or supplemental 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, with all other like empowered.

SIGNATURE: K. Herold Pres K. HEROLD PRES — 5-1-95 — 851-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0418096 FP