

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90038 030 ***150.00

DOCUMENT # P98000012106

1. Corporation Name

METROPOLITAN CENTER SWMF CORPORATION

Principal Place of Business

1700 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310

Mailing Address

P.O. BOX 2235
TALLAHASSEE FL 32316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1998

4. FEI Number

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

LANGFORD, GEORGE R
1700 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name
MICHELE JOHNSTON
82 Street Address (P.O. Box Number is Not Acceptable)
3402 APALACHEE PKWY
83
84 City
TALLAHASSEE FL 85 Zip Code
32311

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 *Michele Johnston*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
PD	LANGFORD, GEORGE R	1700 CAPITAL CIRCLE SW	TALLAHASSEE FL 32310	<input checked="" type="checkbox"/>
VD	FLETCHER, T. BERT	1501 ARGONNE ROAD	TALLAHASSEE FL 32303	<input checked="" type="checkbox"/>
STD	LEWIS, GEORGE N	5300 BRADFORDVILLE ROAD	TALLAHASSEE FL 32308	<input checked="" type="checkbox"/>
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	ROBERT C. CAMP	1744 TARPON DRIVE	TALLAHASSEE, FL 32308	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	JIMMY R. BENNETT	1049 SHADY REST ROAD	HAVANA, FL 32333	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert C. Camp* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. CAMP/PRESIDENT

4-29-99

Date Daytime Phone #

CR2E034 (11/98)