**FILED** 

Apr 07, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT 199<del>9</del>



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S09766**

1. Corporation Name

METRIX CONSTRUCTION, INC.

Principal Place	of Business	Mailing Address	Mailing Address							
2060 HARVARD ST 2060 HARVARD ST										
1		SARASOTA FL 34237						0.00405		
							WRITE IN TH	S SPACE		
						3. Date incorporated or Qua	litea			i
						10/30/1990				
2. Principal Place of Business 2a. Mailing Address				-	٠,	4. FEI Number		·	Applie	
21 26						65-0224064			<del></del>	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desire	ed 🗆		5 Addi	
22 27									Requir	
City & State City & State						<ol><li>Election Campaign Finance</li></ol>	cing 🗀		<b>)0</b> Maj	
23 28						Trust Fund Contribution		Adde	ed to Fe	ees
Zip	CountryZipCo			,		8. This corporation owes the	current year I		_	
24	25 29 30					Personal Property Tax.		⊠ Yes	<u>_</u>	No
•	9. Name and Address of Current	Registered Agent				10. Name and Address of N	ew Registere	d Agent		
	<del></del>		81	N	lame	•				
ROCKE, KENNETH R				۱.	troot Addres	ss (P.O. Box Number is Not Ac	centable)			
2060 HARVARD ST			82		nieet Addies	sa (F.O. Dox Hamber is Hoterio	ooptable)			
SARASOTA FL 34237			83	⇈						
			84							
				C	ity		F	85   Z	ip Code	e
office or r agent. I a	egistered agent, or both, in the State or m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes	<b>3</b> .				omment de	3 109131	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R					jistered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					151.40
12. '						ADDITIONS/CHANGES TO	OFFICERS /	Chan		Addition
TITLE	PD DELETE 1.1							[] Citali	ge [	Addition
NAME	ROCKE, KENNETH R.									
STREET ADDRESS	2060 HARVARD STREET		1.3 STREE	TADI	DRESS		-			
CITY-ST-ZIP	SARASOTA FL			T-ZIF	,					
TITLE	☐ DELETE 2.1 T		2.1 TITLE					Chan	ge [	Addition
NAME	2.21		2.2 NAME	2.2 NAME						
STREET ADDRESS	2.3		2.3 STREE	2.3 STREET ADDRESS		<b>.</b> %			. <del>-</del> -	
CITY-ST-ZIP			2.4 CITY-5	3T- ZI	P					
TITLE	☐ DELETE 3.1						• ,	☐ Chan	ge (	Addition Addition
NAME	32		3.2 NAME							
STREET ADDRESS			3.3 STREE	TADI	DRESS					
				4. CITY-ST-ZIP						
CITY-ST-ZIP	DELETE 4.1			J1 - 43	<u> </u>	Change			ge [	Addition
NAME			4. 2 NAME					_		
				TAD	DDECC					
STREET ADDRESS			4.3 STREE		- 1	•		•		i
CITY-ST-ZIP			4.4 CITY-S	T-ZIF	P <u>l</u>					

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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ Change

Change

Addition

Addition