FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S32041 (3)METRO SEWER SERVICES, INC. Principal Place of Business Mailing Address BOX 947660 BOX 947660 MAITLAND FL 32794 MAITLAND FL 32794 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 2720 W. 1ST ST 26 PO BOX 1599 59-3047654 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be SANFORD, FL SANFORD, FL 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 USA 29 32772 9. Name and Address of Current Registered Agent Yes ∏ No 24 32771 30 Personal Property Tax due June 30. USA 10. Name and Address of New Registered Agent 81 **BOTTS, JERRY** 2720 W 1ST ST 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32771 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE BOTTS, JERRY L 1.2 NAME NAME 2720 WEST 1ST ST 1.3 STREET ADDRESS STREET ADDRESS SANFORD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ Addition DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP ■ DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

14. Thereby 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 of 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 die receiver or thereoe empoweres to execute the eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment that an address.

6.4 CITY - ST - ZIP