FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 17 AM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V62673

1. Corporation Name: METCO ENTERPRISES, INC.

Principal Place of Business: 6970 108th Avenue N, Largo FL 34647

Mailing Address:

3. Date Incorporated or Qualified: 9/8/92

3a. Date of Last Report: 4/25/96

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc. (22):

Suite, Apt. #, etc. (27):

City & State (23):

City & State (28):

Zip (24): Country (25):

Zip (29): Country (30):

4. FEI Number: 59-3146910 — 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

Cox, Walter
6970 108th Avenue N.
Largo FL 34647

10. Name and Address of New Registered Agent

81 Name: Murphy, William D.

82 Street Address (P.O. Box Number is Not Acceptable)

83: 6970 108th Avenue N.

84 City: Largo FL 85 Zip Code: 34647

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: William D. Murphy
Signature, typed or printed name of registered agent and the date (all)
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	XX DELETE
NAME	Cox, Walter E.	
STREET ADDRESS	422 N. Bath Club Blvd	
CITY-ST-ZIP	N. Redington Beach FL	
TITLE	V T S	☐ DELETE
NAME	Murphy, William D.	
STREET ADDRESS	13725 Oak Forest Dr.	
CITY-ST-ZIP	Seminole FL	
TITLE	V	☐ DELETE
NAME	Jones, Jesse A	
STREET ADDRESS	6540 NW 35 Avenue	
CITY-ST-ZIP	Miami FL	
TITLE	V	☐ DELETE
NAME	Menhart, John	
STREET ADDRESS	4163 Osprey Creek SW	
CITY-ST-ZIP	Palm City FL	
TITLE	V	☐ DELETE
NAME	Petty, Vincent	
STREET ADDRESS	5942 N 4 Ave	
CITY-ST-ZIP	St. Petersburg FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D P	XX Change ☐ Addition
2.2 NAME	Murphy, William D.	
2.3 STREET ADDRESS	6970 108th Avenue N	
2.4 CITY-ST-ZIP	Largo FL 34647	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	300002295153--4	
3.4 CITY-ST-ZIP	-09/17/97--01005--010	
4.1 TITLE	****550.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S T	☐ Change ☐ Addition
5.2 NAME	Petty, Vincent	
5.3 STREET ADDRESS	5942 N 4 Ave	
5.4 CITY-ST-ZIP	St Petersburg FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

9/17 00

14. I do 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.

SIGNATURE: William D. Murphy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 9/16/97 — Daytime Phone #: 5459030