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 title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	XX DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Cox, Walter E.		1.2 NAME		
STREET ADDRESS	422 N. Bath Club Blvd		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. Redington Beach FL		1.4 CITY-ST-ZIP		
TITLE	V T S	☐ DELETE	2.1 TITLE	D P	XX Change ☐ Addition
NAME	Murphy, William D.		2.2 NAME	Murphy, William D.	
STREET ADDRESS	13725 Oak Forest Dr.		2.3 STREET ADDRESS	6970 108th Avenue N	
CITY-ST-ZIP	Seminole FL		2.4 CITY-ST-ZIP	Largo FL 34647	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Jones, Jesse A		3.2 NAME		
STREET ADDRESS	6540 NW 35 Avenue		3.3 STREET ADDRESS	300002295153--4	
CITY-ST-ZIP	Miami FL		3.4 CITY-ST-ZIP	-09/17/97--01005--010	
TITLE	V	☐ DELETE	4.1 TITLE	****550.00 ****550.00	☐ Addition
NAME	Menhart, John		4.2 NAME		
STREET ADDRESS	4163 Osprey Creek SW		4.3 STREET ADDRESS		
CITY-ST-ZIP	Palm City FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE	S T	☐ Change ☐ Addition
NAME	Petty, Vincent		5.2 NAME	Petty, Vincent	
STREET ADDRESS	5942 N 4 Ave		5.3 STREET ADDRESS	5942 N 4 Ave	
CITY-ST-ZIP	St. Petersburg FL		5.4 CITY-ST-ZIP	St Petersburg FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 — 9/16/97 — 5459030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #