

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 251498 (2)

95 FEB 28 PM 4: 02

1. Corporation Name
A.A.A. ALUMINUM STAMPING, INC.

Principal Place of Business Mailing Address
**3736 E. HILLSBORO AVENUE 3736 E. HILLSBORO AVENUE
P.O. BOX 11911 P.O. BOX 11911
TAMPA FL 33600-1911 TAMPA FL 33600-1911**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/01/1961** 3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number: **59-0944102** Applied For: Not Applicable:

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 5. Certificate of Status Desired: \$0.75 Additional Fee Required

22. City & State 27. City & State 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip 28. Zip 24. Country 29. Country 30. Country 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**LAWRENCE, IRVING G.
112 EAST ST
STE A
TAMPA FL 33602**

81. Name: **JANET L. SAUNDERS**
82. Street Address (P.O. Box Number is Not Acceptable): **3731 Redwood Dr.**
83.
84. City: **LAND-O-LAKES** FL 85. Zip Code: **34639**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Janet Saunders* DATE: **2/24/95**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: SAUNDERS, JANET L.	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3731 REDWOOD DR	CITY-ST-ZIP: LAND-O-LAKES FL	1.2 NAME:	
TITLE: DST	NAME: WILLIAMS, JANE E	1.3 STREET ADDRESS:	
STREET ADDRESS: 3731 REDWOOD DR	CITY-ST-ZIP: LAND-O-LAKES FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: SAUNDERS, ANDREW J.	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3731 REDWOOD DR.	CITY-ST-ZIP: LAND O LAKES FL	2.2 NAME:	
TITLE: VD	NAME: ZANELLA, DIANE C.	2.3 STREET ADDRESS:	
STREET ADDRESS: 450 RIVIERA BAY DR.	CITY-ST-ZIP: ST. PETERSBURG FL	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Janet Saunders* DATE: **2/24/95** 815-237-3853
Signature and typed or printed name of signing officer or director. (Note: Signature required)