FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G14672** **(1)**

1. Corporation Name

OHRT'S QUALITY ALUMINUM CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1100 U.S. 27 NORTH #56 SEBRING FL 33870	1100 U.S. 27 NORTH #56 SEBRING FL 33870

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1982
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1568947 ☐ 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

OHRT, JAMES E.
212 KITE STREET
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: McCollum & Johnson, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 129 South Commerce Avenue
83
84 City: Sebring FL 85 Zip Code: 33870

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 X _____ X 2/27/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SOLYNTJES, JENNIFER A.	1.2 NAME	Solyntjes, Jennifer A	
STREET ADDRESS	44 OHRTS MOBILE VILLAGE	1.3 STREET ADDRESS	1124 Jennie Lane	
CITY-ST-ZIP	SEBRING, FL 00000	1.4 CITY-ST-ZIP	Sebring, Fl., 33870	
TITLE	V	2.1 TITLE	V	☐ Change ☐ Addition
NAME	OHRT, JAMES E.	2.2 NAME	Ohrt, James E.	
STREET ADDRESS	212 KITE STREET	2.3 STREET ADDRESS	212 Kite	
CITY-ST-ZIP	SEBRING, FL 00000	2.4 CITY-ST-ZIP	Sebring, Fl., 33870	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	OHRT, FLORENE L	3.2 NAME	Ohrt, Florene L.	
STREET ADDRESS	56 OHRT'S MOBILE VILLAGE	3.3. STREET ADDRESS	1700 Jeri Kay Lane	
CITY-ST-ZIP	SEBRING, FL 00000	3.4 CITY-ST-ZIP	Sebring, Fl., 33870	
TITLE	PD	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SOLYNTJES, THOMAS M	4.2 NAME	Solyntjes, Thomas M.	
STREET ADDRESS	44 OHRTS MOBILE VILLAGE	4.3 STREET ADDRESS	1124 Jennie Lane	
CITY-ST-ZIP	SEBRING, FL 00000	4.4 CITY-ST-ZIP	Sebring, Fl., 33870	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	OHRT, EVERETT R.	5.2 NAME	Ohrt, Everett R.	
STREET ADDRESS	56 OHRTS MOBILE VILLAGE	5.3 STREET ADDRESS	1700 Jeri Kay Lane	
CITY-ST-ZIP	SEBRING FL	5.4 CITY-ST-ZIP	Sebring, Fl., 33870	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 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)(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: Everett R Ohrt Everett R Ohrt 2/17/95 813 385 3289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314376 CP