

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000024504 (9)**

1. Corporation Name

ALUMINUM FABRICATORS INCORPORATED



Principal Place of Business

Mailing Address

16416 CARLTON LAKE RD
LITHIA FL 33547

16416 CARLTON LAKE RD
LITHIA FL 33547

2. Principal Place of Business

2a. Mailing Address

21 12503 RHODINE ROAD
Subst. Apt. #, etc:

26 16416 CARLTON LAKE RD
Subst. Apt. #, etc:

22 ---
City & State

27 ---
City & State

23 RIVERVIEW, FL
Zip Country

28 LITHIA, FL
Zip Country

24 33569-6845 25 HILLS.

29 33547-1318 30 HILLS.

9. Name and Address of Current Registered Agent

OAKEY, ELAINE W
16416 CARLTON LAKE RD
LITHIA FL 33547

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
(First Filing)

4. FET Number Applied For
59-3305268 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

10. Name and Address of New Registered Agent

81 Name **(N/A)**
82 Street Address (P.O. Box Number is Not Acceptable) ---
83 ---
84 City --- FL 85 Zip Code ---

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 *Elaine W. Oakey, President*
Signature typed or printed in full on the front and back of this report.

ELAINE W. OAKEY, PRESIDENT
(NOTE: Registered Agent Signature required when registering)

31 JAN 1996
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1. TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE W. OAKEY	12. NAME	ROBERT J. OAKEY
STREET ADDRESS	16416 CARLTON LAKE ROAD	13. STREET ADDRESS	16416 CARLTON LAKE ROAD
CITY-STATE-ZIP	LITHIA, FL 33547-1318	14. CITY-STATE-ZIP	LITHIA, FL 33547-1318
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	---	22. NAME	---
STREET ADDRESS	---	23. STREET ADDRESS	---
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	---	32. NAME	---
STREET ADDRESS	---	33. STREET ADDRESS	---
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	---	42. NAME	---
STREET ADDRESS	---	43. STREET ADDRESS	---
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	---	52. NAME	---
STREET ADDRESS	---	53. STREET ADDRESS	---
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	---	62. NAME	---
STREET ADDRESS	---	63. STREET ADDRESS	---
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Elaine W. Oakey, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 1996 (813) 677-3269
Date Daytime Phone #

CR2E034 (12/95)