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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000043471 (7)

1. Corporation Name

A + ALUMINUM INC.

Principal Place of Business

16800 N.W. 130TH STREET
WILLISTON FL 32696
8490 NE 61 PL
Bronson FL
32621

Mailing Address

16800 N.W. 130TH STREET
WILLISTON FL 32696-9751
8490 NE 61 Place
Bronson FL
32621



2. Principal Place of Business

21 8490 NE 61 PL
Suite, Apt. #, etc.

2a. Mailing Address

26 8490 NE 61 PL
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

4. FEI Number

59 3381091

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

City & State

23 Bronson FL

Zip

24 F 32621

Country

25 Levy

City & State

28 Bronson FL

Zip

29 32621

Country

30 Levy

9. Name and Address of Current Registered Agent

FUGATE, NORM ESQ.
444 WEST MAIN STREET
SUITE 1
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name

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

Shelly Sapp 2-28-97

Signature of officer or director of corporation or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	Scott Sapp	
STREET ADDRESS	8490 NE 61 PL	
CITY- ST- ZIP	Bronson FL 32621	
TITLE	Secretary	☐ DELETE
NAME	SHELLY SAPP	
STREET ADDRESS	8490 NE 61 PL	
CITY- ST- ZIP	Bronson FL 32621	
TITLE	Vice-President	☐ DELETE
NAME	Shaun Harvey	
STREET ADDRESS	Rt 4 Box 5005	
CITY- ST- ZIP	Williston FL 32696	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 included 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:

Shelly Sapp

2-28-97

352-486-6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)