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FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
2390 NE 61 PL BRONSON FL 32621 US	8490 NE 61 PL BRONSON FL 32621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1996

2. Principal Place of Business	2a. Mailing Address
21 8490 NE 61 PLACE	26 8490 NE 61 PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Bronson, FL	28 Bronson FL
24 FL 32621 25 Country: Levy	29 32621 30 Country: Levy

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT SAPP		1.2 NAME		
STREET ADDRESS	8490 NE 61 PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRONSON FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHELLY SAPP		2.2 NAME		
STREET ADDRESS	8490 NC 61 PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRONSON FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAUN HARVEY		3.2 NAME		
STREET ADDRESS	RT 4 BOX 5005		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

CR2E034 (10/97)

14. I 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: _____ 4-27-98 (352) 486-6884