

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14, 1999 8:00 am  
Secretary of State

03-14-1999 90019 049 \*\*\*150.00

DOCUMENT # 376744

1. Corporation Name

WHITE ALUMINUM PRODUCTS, INC.

Principal Place of Business

1107 N THOMAS ROAD  
LEESBURG FL 34748

Mailing Address

C/O ROBERT R CYRUS  
P O BOX 491635  
LEESBURG FL 34749-1635  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1971

4. FEI Number

59-1322855

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 the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1201 Thomas Avenue

Suite, Apt. #, etc.

22

City & State

23 Leesburg, FL

Zip

24 34748

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CYRUS, ROBERT R.  
214-A N THIRD STREET  
LEESBURG FL 34748

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GERBER, RICHARD W

STREET ADDRESS 1107 N THOMAS ROAD

CITY-ST-ZIP LEESBURG FL

TITLE S ☐ DELETE

NAME COLEMAN, CLELL, III

STREET ADDRESS 1107 N THOMAS ROAD

CITY-ST-ZIP LEESBURG FL

TITLE VP ☐ DELETE

NAME PETERSON, WILLIAM H.

STREET ADDRESS 1107 N. THOMAS ROAD

CITY-ST-ZIP LEESBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1201 Thomas Avenue

Leesburg, FL 34748

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1201 Thomas Avenue

Leesburg, FL 34748

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1201 Thomas Avenue

Leesburg, FL 34748

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 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 with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD W. GERBER

2/3/99

Date

352/787-3622

Daytime Phone #

0509981

CR2E034 (1/98)