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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 18 PM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **409589** **(9)**

1. Corporation Name

ACME ALUMINUM SUPPLY, INC.

Principal Place of Business	Mailing Address
6203 US 27 S SEBRING FL 33872 US	6203 US 27 S SEBRING FL 33872 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/20/1972	01/31/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1416209	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / 24 — County / 25	Zip / 29 — County / 30	8. This corporation has taxable, for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TROMBLEY, MICHAEL J. 329 S. COMMERCE AVENUE SEBRING FL 33870	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 _____ DATE _____
(Signature required if printed name of registered agent and title of signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, GARY P	12 NAME	
STREET ADDRESS	3816 NORMANDY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, RUTH ANN	22 NAME	
STREET ADDRESS	3816 NORMANDY DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCGEHEE, PAUL T	32 NAME	
STREET ADDRESS	3816 NORMANDY DR	33 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WELDY, BETH	42 NAME	
STREET ADDRESS	2003 EVERLAST	43 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	WELDY, BETH	52 NAME	
STREET ADDRESS	2003 EVERLAST	53 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	WELDY, CURTIS	62 NAME	
STREET ADDRESS	2003 EVERLAST	63 STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 00000	64 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: Ruth Ann McGehee Vice Pres. Apr. 12, 1995 313-385-1531
(SIGNATURE AND TYPED OR PRINTED NAME OF DOMINO OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

RUTH ANN McGEHEE

0317663 CP