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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCL | JMEN | IT# | 409 | 9589 |
|------|-------------|-----|-----|------|

| | MENT # 409589 LUMINUM SUPPLY, INC. | (9) | | | | | | |
|--|---|---|-------------------------|-------------|--|--------------|---|----------------|
| Principal Plac | ce of Business | Mailing Address | | | | | OF DIT BANK BARA | |
| 6203 US 27 S SEBRING FL 33872 US | | 6203 US 27 S SEBRING FL 33870-5708 US | | | | | | |
| | | | | | Date Incorporated or Qualified 09/20/1972 | | Date of Last F /16/1996 | Report |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | ···· | pplied For |
| 21 | | 26 | | | 59-1416209 | | — — — | ot Applicable |
| Suite, Apt | . #, etc. | Suite, Apt. ≠, etc. | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 | | | | | | equired |
| City & Sta | ie | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | П | | May Be |
| 23 Zip | Country | 28 | Counti | v | This corporation has liability for | - | | to Fees |
| 24 | 25 | 29 | 30 | , | | Yes | | s. 199.032, |
| J J | 9. Name and Address of Curre | | | | 10. Name and Address of New R | egistere | d Agent | |
| TRO | MBLEY, MICHAEL J. | | 8 | Name | | | | |
| 329 | S. COMMERCE AVENUE | | 8: | Street A | ddress (P.O. Box Number is Not Accepta | ıble) | | |
| SEB | IRING FL 33870 | | | | | | | |
| | | | 8: | 3 | | | | |
| | | | 84 | City | | F | 85 Zip | Code |
| 41 Quenasi | to the growing and of Continue 607 05 | 02 and C07 1609 Florida Stati | uton the abo | /e-namod c | corporation submits this statement for the | | | ite registered |
| office or agent. I a SIGNATURE | registered agent, or both, in the State am familiar with, and accept the oblig Signature species provides a consistent age. | yations of, Section 607 0505, F | lorida Statute | es. | oration's board of directors. I hereby according to the second sequired when renstating) | DATE | opoiniment as | s registered |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | ICERS A | *************************************** | |
| TITLE | PD | □ DELETE | † † TITLE | | | | L. Change | Addition |
| NAME | MCGEHEE, GARY P | | 1.2 NAME | | | | | |
| STREET ADDRÉSS | | | | t address | | | | |
| CITY - ST - ZIP | SEBRING, FL 00000 STD | DELETE | 1.4 CITY - | | | | Change | Addition |
| TITLE NAME | MCGEHEE, RUTH ANN | ב_} טנננונ | 2.1 TITLE 2.2 NAME | | | | C) Change | [] ADDITION |
| STREET ADDRESS | 3816 NORMANDY DRIVE | | | T ADDRESS | | | | |
| CITY - ST - ZIP | SEBRING, FL 00000 | | 2. 4 CITY | - 1 | | | | |
| TILLE | D | DELETE | 3.1 TITLE | | | | Change | Addition |
| NAME | MCGEHEE, PAUL T | | 3.2 NAME | : | | | * | |
| STREET ADDRESS | 3816 NORMANDY DR | | 3.3 STRE | T ADDRESS | | | | |
| CITY - ST - ZIP | SEBRING, FL 00000 | | 3.4. CITY | -ST-21P | | | | |
| TITLE | D | DELETE | 4,1 TITLE | T | | | Change | Addition |
| NAME | WELDY, BETH | | 4, 2 NAM | E | | | | |
| STREET ADDRESS | | | 4.3 STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | SEBRING, FL 00000 | Nr. exe | 4.4 CITY - | | | | 70 | Fauto. |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | 1 | | | ☐ Change | Addition |
| NAME | WELDY, BETH 2003 EVERLAST | | 5.2 NAME | - 1 | | | | |
| STREET ADDRESS | SEBRING, FL 00000 | | | ET ADDRESS | | | | |
| CITY-ST-ZIP TILE | VD | DELETE | 5.4 CITY - 6.1 TITLE | | | | Change | Addition |
| NAME | WELDY, CURTIS | Last Specific | 62 NAME | | | | | |
| STREET ADDRESS | | | | et address | | | | |
| | SERDING EL 00000 | | | | | | | |

14. I do hereby certify that the information supplied with this filling 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 comporation 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 charged, or on an attachment with an address.

SIGNATURE: RUTH ANN MCGEHEE

FILED

Jan 14 1997 8:00am

Secretary of State