

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 422792 (2)

1. Corporation Name

CAMPBELL BROS. ALUMINUM PRODUCTS, INC.

Principal Place of Business

**1205 34TH AVE
P.O. BOX 1569
VERO BEACH FL 32961-1569**

Mailing Address

**1205 34TH AVE
P.O. BOX 1569
VERO BEACH FL 32961-1569**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1973

3a. Date of Last Report

04/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1469555

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, ALLEN
1205 34TH AVE
VERO BEACH FL 32960**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PST

NAME

CAMPBELL, ALLEN

STREET ADDRESS

1205 34TH AVE

CITY - ST - ZIP

VERO BEACH FL

1.1 TITLE

VP

☐ Change ☒ Addition

1.2 NAME

CAMPBELL, ALLEN D.

1.3 STREET ADDRESS

1205 34 AVE.

1.4 CITY - ST - ZIP

VERO BEACH, FL

TITLE

D

NAME

CAMPBELL, ALLEN

STREET ADDRESS

1205 34TH AVE

CITY - ST - ZIP

VERO BEACH FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

VP

NAME

CAMPBELL, VICK

STREET ADDRESS

7570 50TH CT

CITY - ST - ZIP

VERO BEACH FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: *Allen A. Campbell*

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Allen A. CAMPBELL 4/18/95 562-6234