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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 475148 (3)FREEDOM ALUMINUM SERVICES OF FT. MYERS, INC.

## **FILED** Mar 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 2614 LAFAYETTE STREET 2614 LAFAYETTE STREET FT. MYERS FL 33916-4027 FT. MYERS FL 33916-4027 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/05/1975</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-1584155 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 25 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MILLIGAN, JOHN P. 1683 N FLOSSMOOR RD Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 83 64 City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change DELETE ☐ Addition TITLE 1.1 TITLE NAME MILLIGAN, JOHN P. 1.2 NAME 1683 N. FLOSSMOOR ROAD STREET ADDRESS 1.3 STREET ADDRESS FT. MYERS FL 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 2.1 TITLE MILLIGAN, MILDRED NAME 2.2 NAME 1683 N. FLOSSMOOR ROAD STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2 4 City-St-ZiP DELETE 3.1 TITLE Change Addition TITLE MILLIGAN, JOHN P NAME 3.2 NAME 1683 N. FLOSSMOOR ROAD STREET ADDRESS 3.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE MILLIGAN, MILDRED NAME 4. 2 NAME 1683 N. FLOSSMOOR ROAD STREET ADDRESS 4.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 4.4 City-St-ZiP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

4. 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 it changed, or on an attachment with an address.

SIGNATURE:

Brildred El helyen-

4-3-98

941-332-3367

CR2E034 (10/97