

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 497283

(2)

95 JAN 18 AM 8:25

1. Corporation Name

ACE ALUMNUM DISTRIBUTORS, INC.

Principal Place of Business

**370 WEST LEMON LANE
CASSELBERRY FL 32707**

Mailing Address

**370 WEST LEMON LANE
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1976

3a. Date of Last Report

01/24/1994

4. FEI Number

59-1656552

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

2. Principal Place of Business

21

2a. Mailing Address

26

Date, Apt. #, etc.

Date, Apt. #, etc.

22. City & State

27. City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPAULDING, JOSEPH C.
370 WEST LEMON LANE
CASSELBERRY FL 32707**

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 of applicant)

(If 11) Designated Agent (signature required) when new address

11

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SPAULDING, JOSEPH C.
STREET ADDRESS	790 E. LEHIGH DRIVE
CITY, ST, ZIP	DELTONA FL
TITLE	V
NAME	SPAULDING, HELGA
STREET ADDRESS	790 E. LEHIGH DRIVE
CITY, ST, ZIP	DELTONA FL
TITLE	SD
NAME	LAURENDINE, DONNA
STREET ADDRESS	398 HICKORY DRIVE
CITY, ST, ZIP	MAITLAND FL
TITLE	T
NAME	LAURENDINE, DONNA
STREET ADDRESS	398 HICKORY DRIVE
CITY, ST, ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and is correct and equally for the exemption stated in Section 13.001(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 make this report as required by Chapter 13, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my signature.

SIGNATURE:

Donna Laurendine SD
DONNA Laurendine

1-10-95

407-834-8842