

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90098 004 ***150.00

DOCUMENT # 597409

1. Corporation Name

DOWELL'S ALUMINIUM, INC.

Principal Place of Business

2610 6TH CT
PALM HARBOR FL 34684

Mailing Address

2610 6TH CT
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1978

4. FEI Number

57-0681230

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 115 PHILADELPHIA BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 115 PHILADELPHIA BLVD
Suite, Apt. #, etc.

City & State

23 PALM HARBOR, FL

City & State

28 PALM HARBOR, FL

Zip

24 34684

Country

25 PINELLAS

Zip

29 34684

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

DOWELL, BEN C
2610 SIXTH COURT
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name DOWELL, BEN C
82 Street Address (P.O. Box Number is Not Acceptable)
115 PHILADELPHIA BLVD
83
84 City PALM HARBOR FL 85 Zip Code 34684

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOWELL, BEN C	
STREET ADDRESS	2610 SIXTH COURT	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DOWELL, JOANNA P	
STREET ADDRESS	2610 SIXTH COURT	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOWELL, BEN C	
1.3 STREET ADDRESS	115 PHILADELPHIA BLVD	
1.4 CITY-STATE-ZIP	PALM HARBOR, FL 34684	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOWELL, JOANNA P.	
2.3 STREET ADDRESS	115 PHILADELPHIA BLVD	
2.4 CITY-STATE-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a full other like empowered.

SIGNATURE: JOANNA P. DOWELL JOANNA P DOWELL 4-23-99 727-786-8284

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (1/98)

0496829