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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 616325

BERNARDO ALUMINUM-WEST, INC.

Principal Place of Business 11650 CHITWOOD DR., S.W. ET MYERS EL 33908 Mailing Address

11650 CHITWOOD DR., S.W.

## FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90076 023 \*\*\*158.75



FT. MYERS FL 33908 FT. MYERS FL 33908 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1979 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-1919627 Not Applicable 26 21 \$8.75 Additional. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Réquired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HUGHES, SUSAN Street Address (P.O. Box Number is Not Acceptable) 11650 CHITWOOD DR, SW FT. MYERS FL 33908 83 85 Zio Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIE ECTORS Change ☐ DELETE 11 TITLE 自移动员员 TITLE HUGHES, BILLY A 1.2 NAME NAME 648 DONAX STREET 1.3 STREET ADDRESS STREET ADDRESS SANIBEL IS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP [\*\*] Change ☐ Addition □ DELETE 2.1 TITLE TITLE HUGHES, DONALD L. 2.2 NAME NAME 14926 MAHOE COURT 2.3 STREET ADDRESS STREET ADDRESS FT. MYERS FL 2. 4 CITY- ST- ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE HUGHES, SUSAN 3.2 NAME NAME 14926 MAHOE COURT 3.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 3.4 CITY-ST-ZIP CITY-ST-ZIP ्र की श्री के ि Change ; े विश्व Addition ☐ DELETE 4,1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME 3 34 3 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

1. 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 suppliemental 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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF FICER OR DIRECTOR

21 99 941-466-7577

Davine Phone #

CR2E034 (11/98)