

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 633962 (6)

1. Corporation Name
CENTRAL ALUMINUM SCREEN SERVICES, INC.

Principal Place of Business

701 CORNWALL RD
SANFORD FL 32773
US

Mailing Address

701 CORNWELL RD
SANFORD FL 32773-7334
US



2. Principal Place of Business

21 701 Cornwall Rd.

Suite, Apt. #, etc.

22 701 Cornwall Rd.

City & State

23 Sanford, FL. 32773

Zip

24 32773

Country

25 Seminole

2a. Mailing Address

26 701 Cornwall Rd.

Suite, Apt. #, etc.

27 701 Cornwall Rd.

City & State

28 Sanford, FL. 32773

Zip

29 32773

Country

30 Seminole

3. Date Incorporated or Qualified

08/28/1979

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1963441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

SMITH, ELMER C.
701 CORNWALL ROAD (BUSINESS)
5974 FEATHER (HOME)
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

ELMER C. SMITH, SR.

82 Street Address (P.O. Box Number is Not Acceptable)

83

701 Cornwall Rd.

84 City

Sanford,

FL

85 Zip Code

32773

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 NAME STREET ADDRESS CITY-ST-ZIP

P SMITH, ELMER C SR
5974 FEATHER LANE
SANFORD, FLORIDA 32771

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V SMITH, CAROL A
5974 FEATHER LANE
SANFORD, FLORIDA 32771

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T DELAHQZ, SANDRA
1761 STARLET ST.
LONGWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S SMITH, ELMER CORTEZ JR.
5974 FEATHER LANE
SANFORD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P. - -PRESIDENT
ELMER C. SMITH, SR.
5974 Feather Lane
Sanford, FL. 32771

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

V - - VICE PRESIDENT
SMITH ELMER C. JR.
5974 FEATHER LANE
SANFORD, FLORIDA 32771

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

T. - - Treasurer
SMITH, CAROL ANN
5974 FEATHER LANE
SANFORD, FLORIDA 32771

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

S. - -Secretary
SMITH, CAROL ANN
5974 FEATHER LANE
SANFORD, FLORIDA 32771

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: [Date]

CR2E034 (9/96)