

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

FILED

Apr 25 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------------------	-----------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

**DOCUMENT # 655165 (9)**  
 1. Corporation Name  
**MULLET'S ALUMINUM PRODUCTS, INC.**



Principal Place of Business <b>905 PONDER AVENUE P. O. BOX 7388 SARASOTA FL 34232 US</b>	Mailing Address <b>905 PONDER AVENUE P. O. BOX 7388 SARASOTA FL 34278-7388 US</b>
---------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>02/07/1980</b>	3a. Date of Last Report <b>05/01/1996</b>	4. FEI Number <b>59-1973181</b>	Applied For Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SYFULA, PHILIP J 766 HUDSON AVE SUITE B SARASOTA FL 34238</b>	10. Name and Address of New Registered Agent 81 Name <b>FREEMAN MULLETT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>905 Ponder Ave.</b> 83 City <b>Sarasota</b> 84 Zip Code <b>FL 34232</b>
---------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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]* DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MULLET, ROBERT A.</b>	1.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>4731 10TH STREET</b>	1.3 STREET ADDRESS	<b>3849 WOODMERE PARK BLVD.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>VENICE FL 34293</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MULLET, FREEMAN</b>	2.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>7849 SADDLECREEK TRAIL</b>	2.3 STREET ADDRESS	<b>SHAW, LENETTE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>5431 RIO VISTA ST.</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLET, SANDRA FAYE</b>	3.2 NAME	
STREET ADDRESS	<b>7849 SADDLECREEK TRAIL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUE, JOLENE</b>	4.2 NAME	<b>Director</b>
STREET ADDRESS	<b>2546 RIVER RIDGE DR</b>	4.3 STREET ADDRESS	<b>SHUE, JOLENE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEARER, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>19879 MIDWAY BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINEN HOCHSTETLER</b>	6.2 NAME	<b>LINDEN HOCHSTETLER</b>
STREET ADDRESS	<b>5445 POTTER ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	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: **2-18-97** DAYTIME PHONE: **941-371-3502**  
 Signature and typed or printed name of signing officer or director

CR2E034 (9/96)