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
95 APR 13 PM 2:45

DOCUMENT # **678020** **(9)**

1. Corporation Name

LARGO ALUMINUM PRODUCTS, INC. AND INDUSTRIAL DISTRIBUTORS

Principal Place of Business	Mailing Address
86500 OVERSEAS HWY PO BOX 1137 KEY LARGO FL 33037	86500 OVERSEAS HWY PO BOX 1137 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1980
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2029325 ☐ 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

9. Name and Address of Current Registered Agent

POWELL, WILLIAM SR.
722 GARDEN STATE LANE
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name: Powell Wm Sr
82 Street Address (P.O. Box Number is Not Acceptable): 146 Blue Moon Ave
83
84 City: Lake Placid FL 85 Zip Code: 33852

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 _____ 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	DT	11 TITLE	☐ Change ☐ Addition
NAME	POWELL, MYRTLE	12 NAME	Powell Myrtle
STREET ADDRESS	722 GARDEN STATE LANE	13 STREET ADDRESS	146 Blue Moon Ave
CITY ST ZIP	KEY LARGO FL	14 CITY ST ZIP	Lake Placid Fl 33852
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	KASINOWICZ, ROSE A	22 NAME	
STREET ADDRESS	148 GIARDINO DR.	23 STREET ADDRESS	
CITY ST ZIP	ISLAMORADA FL	24 CITY ST ZIP	
TITLE	DP	31 TITLE	☑ Change ☐ Addition
NAME	POWELL, WILLIAM SR.	32 NAME	Powell William Sr.
STREET ADDRESS	722 GARDEN STATE LANE	33 STREET ADDRESS	146 Blue Moon Ave
CITY ST ZIP	KEY LARGO FL	34 CITY ST ZIP	Lake Placid Fl 33852
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	KASINOWICZ, JOHN J	42 NAME	
STREET ADDRESS	148 GIARDINO DR.	43 STREET ADDRESS	
CITY ST ZIP	ISLAMORADA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Powell Sr. 4/6/95 305-852-2390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0423007 FP