

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90111 023 ***158.75

DOCUMENT # 678020

1. Corporation Name

**LARGO ALUMINUM PRODUCTS, INC. AND INDUSTRIAL DIS
TRIBUTORS**

Principal Place of Business

86500 OVERSEAS HWY
PO BOX 1137
KEY LARGO FL 33037

Mailing Address

86500 OVERSEAS HWY
PO BOX 1137
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1980

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

145- **POWELL, WILLIAM SR.
146 BLUE MOON AVE.
LAKE PLACID FL 33852**

81 Name

POWELL, WILLIAM W. SR.

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

145 BLUE MOON AVE

83

84 City

LAKE PLACID

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE

NAME **145- POWELL, MYRTLE**
STREET ADDRESS **146 BLUE MOON AVE.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **DS** ☐ DELETE

NAME **KASINOWICZ, ROSE A**
STREET ADDRESS **148 GIARDINO DR.**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE **DP** ☐ DELETE

NAME **POWELL, WILLIAM SR.**
STREET ADDRESS **146 BLUE MOON AVE.**
CITY-ST-ZIP **LAKE PLACID FL**

TITLE **DV** ☐ DELETE

NAME **KASINOWICZ, JOHN J**
STREET ADDRESS **148 GIARDINO DR.**
CITY-ST-ZIP **ISLAMORADA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 all other like empowered.

SIGNATURE: **William W. Powell Sr. William W. Powell Sr.** 2/1/99 (305) 852-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)