**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

**APPROVED AND FILED**
95 APR 19 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **854760** **(6)**

1. Corporation Name
**TUPELO ALUMINUM PRODUCTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1815 MCCULLOUGH BLVD<br>P.O. BOX 1427<br>TUPELO MS 38802<br>US | MCCULLOUGH BLVD<br>P.O. BOX 1427<br>TUPELO MS 38802 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business
21 1815 McCullough Blvd.
Suite, Apt. #, etc. 22
City & State 23 Tupelo, MS
Zip 24 38801 Country 25 Lee

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 64-0524708 ☐ 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

KROHN, GEORGE B.
2400 NORTH T ST
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 | D | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | STILL, LYNN ROBERTS | 1.2 NAME | |
| STREET ADDRESS | 305 MAGNOLIA | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW ALBANY, MS 0 | 1.4 CITY-ST-ZIP | |
| TITLE | PD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, JAMES W | 2.2 NAME | |
| STREET ADDRESS | 1815 MCCULLOUGH BVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUPELO, MS 0 | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, BETTY C | 3.2 NAME | |
| STREET ADDRESS | 1815 MCCULLOUGH BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TUPELO, MS 0 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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)(k), 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:** James W Roberts James W. Roberts 3/30-95 601-842-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GA0687 PN