FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Corporation Name

TUPELO ALUMINUM PRODUCTS, INC.

Principal Place of Business	Mailing Address
1815 MCCULLOUGH BLVD P.O. BOX 1427 TUPELO MS 38801 US	MCCULLOUGH BLVD P.O. BOX 1427 TUPELO MS 38802

2. Principal Place of Business	2a. Mailing Address
21 1813 MCCULLOUGH BLVD.	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 TUPELO, MS	City & State 28
Zip / Country 24 38801 / 25 LEE	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **04/19/1995**
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: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	NEW ALBANY, MS 38652	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, JAMES W		2.2 NAME		
STREET ADDRESS	1815 MCCULLOUGH BVD		2.3 STREET ADDRESS	1813 MCCULLOUGH BLVD.	
CITY-ST-ZIP	TUPELO, MS 0		2.4 CITY-ST-ZIP	TUPELO, MS 38801	
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, BETTY C		3.2 NAME		
STREET ADDRESS	1815 MCCULLOUGH BLVD		3.3 STREET ADDRESS	1813 MCCULLOUGH BLVD.	
CITY-ST-ZIP	TUPELO, MS 0		3.4 CITY-ST-ZIP	TUPELO, MS 38801	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Betty C. Roberts — 3/21/96 — 601-842-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BETTY C. ROBERTS SEC-TREAS