


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

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 854760 (6)</b> 1. Corporation Name <b>TUPELO ALUMINUM PRODUCTS, INC.</b>					
Principal Place of Business <b>1813 MCCULLOUGH BLVD</b> <b>P.O. BOX 1427</b> <b>TUPELO MS 38801</b> <b>US</b>			Mailing Address <b>MCCULLOUGH BLVD</b> <b>P.O. BOX 1427</b> <b>TUPELO MS 38802-1427</b>		
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>11/23/1982</b> <b>3a. Date of Last Report</b> <b>04/04/1996</b> <b>4. FEI Number</b> <b>64-0524708</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>KROHN, GEORGE B.</b> <b>2400 NORTH T ST</b> <b>PENSACOLA FL 32505</b>			<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>TIM LEWIS</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 989 MAGNOLIA ST.</b> <b>84 City</b> <b>ALTAMONTE SPRINGS FL</b> <b>85 Zip Code</b> <b>32701</b>		
<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.</b> <b>SIGNATURE</b> <b>TIM LEWIS</b> <small>Signature typed or printed name of registered agent and title if applicable.</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
<b>TITLE</b> <b>D</b> <b>NAME</b> <b>STILL, LYNN ROBERTS</b> <b>STREET ADDRESS</b> <b>305 MAGNOLIA</b> <b>CITY-ST-ZIP</b> <b>NEW ALBANY MS</b>	<input type="checkbox"/> DELETE		<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>PD</b> <b>NAME</b> <b>ROBERTS, JAMES W</b> <b>STREET ADDRESS</b> <b>1813 MCCULLOUGH BLVD</b> <b>CITY-ST-ZIP</b> <b>TUPELO MS</b>	<input type="checkbox"/> DELETE		<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>STD</b> <b>NAME</b> <b>ROBERTS, BETTY C</b> <b>STREET ADDRESS</b> <b>1813 MCCULLOUGH BLVD</b> <b>CITY-ST-ZIP</b> <b>TUPELO MS</b>	<input type="checkbox"/> DELETE		<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Betty C. Roberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/1-97</b> <b>601-842-2351</b> <small>Date Daytime Phone #</small>		



CR2E034 (9/96)