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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

F00233

(9)

BLACKSHEARS	H	ALUMINUM,	INC.	

Mailing Address

Principal Place of Business

FILED Apr 21 1998 8:00am Secretary of State



B111 W GULF-TO-LAKE HWY CRYSTAL RIVER FL 34429 US		8111 W GULF-TO-LAKE HWY Crystal river fl 34429 US			DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualified 10/02/1980				
2. Principal Place of Business		2a. Mailing Addr	2a. Mailing Address			4. FEI Number	Applied For			
21		26	26		59-2054309	Not Applicable				
22	Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, étc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State	City & State	h- ¬ ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24	Zip Country 25	7ip 29	Country 30			8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent						
BLACKSHEAR, DAVID K					Name	Name				
8111 W GULF-TO-LAKE HWY Crystal River FL 34429			82 Street Address (P.O. Box Number is Not Acceptable) 83							

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 Dayid Blackshear 4/14/98 Storature, typed or prior of cause of trups to red ground and talk of a publishing (NOTE Registered Agen; signature required when reinstance) DATE (NOTE Registered Agen; signature required when reinstance)									
12.				13. ADDITIONS/CHANGES 10 OFFICERS A		ND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 THUE		Change	Addition			
NAME	BLACKSHEAR, DAVID K		1.2 NAME						
STREET ADDRESS	8111 W GULF-TO-LAKE HWY		1.3 STREET ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000		1.4 CITY-S1-ZIP	34429					
TITLE	VST	DELETE	2 1 TITLE			Addition			
NAME	BLACKSHEAR, JAMES P		22 NAME						
STREET ADDRESS	8111 W GULF-TO-LAKE HWY		2 3 STREET ADDRESS						
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000		2.4 CiTY-ST-ZiP	34429					
TITLE	D	☐ DELETE	3.1 TITLE		Change	Addition			
NAME	BLACKSHEAR, JAMES P		3.2 NAME						
STREET ADDRESS	8111 W GULF-TO-LAKE HWY		3 3 STREET ADDRESS						
DITY-ST-ZIP	CRYSTAL RIVER, FL 00000		3.4. CITY - ST - ZIP	34429					
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREFT ADDRESS			1			
CITY-ST-ZIP	_		4.4 CHY-ST-ZIP						
TITLE		DELETE	51 10LE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS			Í			
CITY-ST-ZIP			5.4 CITY - S1 - ZIP						
TITLE		☐ DELETE	- 6.1 TITLE		☐ Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
DITY OT 710			CACADA CT ND			i			

14. Thereby 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 supplienental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 officer or director of the corporation of the receiver or trustee empowered to e Block 12 or Block 13 if changed, or on an altachment with an addises.

David Blackshear

4/14/98 (352)795-9722