

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 90122 018 \*\*\*150.00

DOCUMENT # F02902

1. Corporation Name

ALL AMERICAN ALUMINUM, INC.

Principal Place of Business

3421 S.E. 95TH STREET  
OCALA FL 32676

Mailing Address

3421 S.E. 95TH STREET  
OCALA FL 32676

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1980

4. FEI Number

59-2031280

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EARNEST, CHARLES C., JR.  
3401 S.E. 95TH STREET  
OCALA FL 34480

REGISTERED  
AGENTS  
NEW ADDRESS

81 Name

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

9815 SE 140th ST

83

84 City

SUMMERFIELD

FL

85 Zip Code

34491

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

Nancy Earnest

2/18/99

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 DP ☐ DELETE

NAME EARNEST, CHARLES C, JR  
STREET ADDRESS 3401 SE 95TH ST  
CITY-ST-ZIP Ocala FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

9815 SE 140th ST  
SUMMERFIELD FL 34491

TITLE ST ☐ DELETE

NAME EARNEST, NANCY  
STREET ADDRESS 3401 SE 95TH ST  
CITY-ST-ZIP Ocala FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

9815 SE 140th ST  
SUMMERFIELD, FL 34491

TITLE AS ☐ DELETE

NAME EARNEST, CHARLES KEITH  
STREET ADDRESS 3898 SE 135TH LANE  
CITY-ST-ZIP SUMMERFIELD FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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:

Nancy Earnest

NANCY EARNEST

Date

2/18/98

Daytime Phone #

352

945-3697

CR2E034 (11/98)