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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F26584

(5)

JOHNSON ALUMINUM, INC.

FILED Apr 14 1998 8:00am Secretary of State



3478 QAK DR PALM HR8R FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1981 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 19 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 6. Election Campaign Financing \$5.00 May Be	D	45						
PALM HRBR FL 34683 PALM HRBR FL 34683 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1981 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 03/24/1981 2. Principal Place of Business 2. Mailing Address 3. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/24/1981 2. Principal Place of Business 2. Mailing Address 3. Do Not Applicables 3. Pall William Pall Place of Business 3. Pall Place of Business 3. Do Not Applicables 3. Pall Place of Business 3. Pall Place of Bus	Principal Place of Business Mailing Address							
2. Principal Place of Business 2. Mailing Address 3. Fel Number 5. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 2. Country Country 2. Fig. Country 2. Fig. Country 3. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent JOHNSON, MICHAEL D 3478 OAK DR PALM HRBR FL 34683 84 City FL 85 Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. SIGNATURE								
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 3. Mailing Address 5. Certificate of Status Desired 5. Set Additional 5. Certificate of Status Desired 5. Certificate of Sta								
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal P	Place of Business	2a. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26			59-2291740 Not Applicable		
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent JOHNSON, MICHAEL D 3478 OAK DR PALM HRBR FL 34683 82 Street Address (P.O. Box Number is Not Acceptable) PL 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	→ ``	Suite, Apt. #, etc. Suite, Apt. #, etc.			Certificate of Status Desired \$8.75 Additional			
Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent JOHNSON, MICHAEL D 3478 OAK DR PALM HRBR FL 34683 82 Streat Address (P.O. Box Number is Not Acceptable) PL 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	- '	,)		
JOHNSON, MICHAEL D 3478 OAK DR PALM HRBR FL 34683 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	Zip	<u></u> ⊢¬ ′			У			
3478 OAK DR PALM HRBR FL 34683 82 Streat Address (P.O. Box Number is Not Acceptable) 83 PL Streat Address (P.O. Box Number is Not Acceptable) 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PALM HRBR FL 34683 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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	JO	HINSON, MICHAEL D		8	Name			
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	3478 OAK DR		8:	Street A	ess (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Soctions 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				8:	7			
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	,			B	City	FL 85 Zip Code		
SIGNATURE	office or r	registered agent, or both, in the St	ate of Florida. Such change was a	authorized b	y the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
	SIGNATURE	Florebye Arned & granted a live of an interest	Largery Straft tille of strong policy	- Dagistored 4	and along the	CATE DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					heur airthuatrice i			
TIFLE P DELETE 1.1 TITLE DELETE Addition								

agent. i am	a familiar with, and accept the obligations of, Section	on 607.0505, Florid	da Statutes.	poration's board of directors. I hereby accept the ap		-
SIGNATURE _	Ignature, typed or printed name of regulated agent and title if applica	nle (NOTE F	Registered Agent signature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS	(10121	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12
TITLE	Р	DELETE	1.1 TITLE		Change	Addition
NAME	JOHNSON, MICHAEL D		1.2 NAME	·		
STREET ADDRESS	3478 OAK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 00000		1,4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE		Change	Addition
RAME	JOHNSON, MAY		2.2 NAME			
STREET ADDRESS	3478 OAK DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 00000		2.4 CITY-ST-ZIP			
TIFLE	V	DELETE	3.1 TITLE		Change	Addition
NAME	JOHNSON, BESSIE		3.2 NAME			
STREET ADDRESS	3478 OAK DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 00000		3.4. CITY-ST-ZIP			
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		i	5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TOLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CiTY-ST-ZIP	d in Section 110 07/2V/) Elevido Statutos I further o		

4. 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 of 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 trusted 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 attackment with an address.

SIGNATURE:

My Juga,

D. Dohnson 1911 11

MICHAEL D

N. JOHNSON

813-784-4371

CR2E034 (10/97)