## 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 Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90096 007 \*\*\*150.00

## 

DOCUMENT #  1. Corporation Name	G09723				
GATOR ALUMINUM, INC.					

Principal Place of Business Mailing Address		1 (88/1/1 68/1 68/1 68/1 188/2 1/188/2 1/1/188/						
4620 N.W. 13Th	H STREET	4620 N.W. 13TH STREET						
P.O. BOX-1416		P.O. BOX 14165			DO NOT WRITE IN THIS S	PACE		
GAINESVILLE F	·L 32609	GAINESVILLE FL 32609			3. Date Incorporated or Qualifed			
					11/29/1982		İ	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	
<del></del>	idos of Basilloss	26			59-2285095		Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A		
22	,	27			5. Certifcate of Status Desired	Fee Re	quired	
	le Stating and the state.	City & State			6. Election Campaign Financing	\$5.00	May Be	
23	way from the state	28			Trust Fund Contribution	Added to	o Fees	
Zip	Country!	Zip	Coun	try	8. This corporation owes the current year Intar		_	
24	25	29 3	0		T Grootias i Toponi, Taxii		□No	
-	9. Name and Address of Curren	t Registered Agent		nal at	10. Name and Address of New Registered A	gent		
8146	OFFIL DONALD I			31 Name				
	SELL, DONALD L.		ļ.	32 Street A	ddress (P.O. Box Number is Not Acceptable)			
	NORTHWEST 13TH STREET		L			<del></del>		
GAIN	NESVILLE FL	•	-	83				
	Page 1		-	B4 City	FL	85 Zip C	Code	
						honoina ita	ropistored	
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 ager	nt and title if applicable. (NOTE: R	egisterød A	gent signature rec	quired when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	SV	☐ DELETE	1.1 TITL	E		☐ Change	☐ Addition	
NAME	RUSSELL, DEBRA L		1.2 NAN	Æ				
STREET ADDRESS	4620 N.W. 13TH ST.		1.3 STR	EET ADORESS				
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CIT	/-ST-ZIP				
TITLE	P	☐ DELETE	2.1 TITL	£ [		Change	☐ Addition	
NAME	RUSSELL, DONALD L		2.2 NAM	Æ				
STREET ADDRESS			2.3 STR	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 00000	<del></del>		Y-ST-ZIP	<u> </u>		□ <b>V</b> ¬¬;n;= -	
TITLE	1	☐ DELETE	3.1 TITL			Change	☐ Addition	
NAME			3.2 NAA	RE	,			
STREET ADDRESS			3.3 STR	EET ADDRESS	•			
CITY-ST-ZIP			_	Y-ST-ZIP			■ Valable	
TITLE		☐ DELETE	4.1 TITL			☐ Change	☐ Addition	
NAME			4.2NA	ME			•	
STREET ADDRESS	large to the second		4.3 STR	EET ADDRESS	والمنازي المارات والمنطورية والطبيط بالمراطبية			
CITY-ST-ZIP				/-ST-ZIP			□ Addis	
TITLE	[	☐ DELETE	5.1 TITL	I .		Change	☐ Addition	
NAME			5.2 NAA	i				
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP				r-ST-ZIP	•	□ Ch	<u> </u>	
TITLE STATES	(3) P. B. S. S. J. B. W.	C DELETE	6.1 TTT			☐ Change	Addition	
NAME		r •	6.2 NAM					
STREET ADDRESS				EET ADORESS				
CITY ST 7ID	i		6.4 CIT	/-ST-ZIP				

14. I hereby certify that the information supplied with this filipg 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 distance impowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or open attachment with a address, with all other like empowered.

SIGNATURE: LUMANT CHUNCHED

RECTOR

(352)372-9767

CR2E03