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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # G88122 (8) 1. Corporation Name ED'S ALUMINUM BUILDINGS, INC.						18 1181 8181 8181 8181 8	
Principal Place of Business		Mailing Address 9555 PENSACOLA BLVD PENSACOLA FL 32534			IO 4101 8404 01814 01014	AIGH DION GION ADAN	
9555 PENSACOLA BLVD PENSACOLA FL 32534							
					3. Date Incorporated or Qualified 02/29/1984	3a. Date of Las 04/11/	
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt.	+ sts	26			59-2377595		Not Applicable
2	F, C.C.	27			5. Certificate of Status Desired	1 1 7 .	.75 Additional se Required
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
71	Country	Zip	Country		8. This corporation has liability for		· · · · · · · · · · · · · · · · · · ·
4	25	29	30		Florida Statutes	No □No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	Registered Agent	
E 040	V WARK ID		81	Name			
E. GARY WORK, JR. 226 South Palafox Place			82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
PENSAC	COLA FL 32501		83				
			84	City		85	Zip Code
11 Dimorrant	to the province of Sections COZ OF	02 and 607 1509 Florido Ptot.	tan the observe	const cores	ration submits this statement for the purific of directors. I hereby accept the app	FL °°	
SIGNATURE		AND DIRECTORS	OTE Registered Agent	t signature require	d wher reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
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I do hereby certify that the information isospieted with the information isospieted with 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 an 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.

SIGNATURE:

DE PRINTERNAME OF SIGNING OFFICER ON DIRECTOR

Des Dete Destro Prone :