FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS					
DOCUME:NT # 1. Corporation Name ALUMICO, INC.	G96645	(8)					
Principal Place of Business	Ma ling Address						
C/O DANIEL K. HILL 4601 LYNCHBURG ROAD WINTER HAVEN FL 33881	C/O DANIEL K. HILL 4601 LYNCHBURG ROAD WINTER HAVEN FL 33881						



							(1) 1) 1 1		
Principal Place	e of Business	Maling Address					001 0111 010 11	Sifit Eifel At	
	IEL K. HILL	C/O DANIEL K. HIL	L						
	CHBURG ROAD	4601 LYNCHBURG ROAD							
WINIER	HAVEN FL 33881	WINTER HAVEN FL	33881			Date Incorporated or Qualified	30 Det	e of Last R	lane d
						04/18/1984	Sa. Date	07/25/1	ероп 995
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2423283		- - →	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				C. Coroncate of Glatus Desired		Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing		\$5.0	O May Be
Z ip	Country	28 Zin	000			Trust Fund Contribution			d to Fees
24	25 Codinity	Zip 29	30 Cou	muy		8. This corporation has liability for Florida Statutes Yes	nlangible ta No	ax under s	199.032,
	9. Name and Address of Current			T		10. Name and Address of New R		Agent	
				81	Name	10, 112,000 2110 110,000 21 110,000 11	ogisteres.	vanir.	
HILL,	DANIEL K.								
	LYNCHBURG ROAD			82	Street Addi	ess (P.O. Box Number is Not Acceptab	le)		
	ER HAVEN FL 33880			83					
				84	City		FL	85 Zip	p Code
11. Pursuant	to the provisions of Sections 607.0502 ared esent, or both, in the State of Florida	and 607.1508, Florida Statut	es, the abo	ve-na	amed corpora	ation submits this statement for the our	pose of cha	anging its r	registered office
or register familiar wi	red agent, or both, in the State of Florida ith, and accept the obligations of Sediio	Such change was authorized 607 0505. Florida Statutes	ed by the c	corpo	oration's boar	d of directors. I hereby accept the appo	pintment as	registered	l agent. I am
		1 10 10 10 10 10 10 10 10 10 10 10 10 10	>.			11 16	91	_	-
SIGNATURE	Signate typed or printed name of religible 1 agent as	no title if applicable. (NO	TE: Registered	Agent	signature required	when reinstating	DATE	<u> </u>	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	PRS IN 12
THLF	PD	☐ DELFTE	1. 1 T(ITLE			[Change	☐ Addition
NAME	HILL, DANIEL K.		1.2 NA	AME					
STREET ADDRESS	4601 LYNCHBURG ROAD		1.3 \$1	REET #	ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CI	TY-ST	- ZIP				
T:TLF	D CONTRACTOR OF THE CONTRACTOR	☐ DEFE LE	2 1 TI	TLE				Change	☐ Addition
NAME	DOUGLAS, GORDON G.		2 2 NA	AME					
STREET ADDRESS	1004 LAKE SHORE DRIVE		23 ST	REET A	ADDRESS				
CITY - ST - ZIP	AUBURNDALE FL		2401	TY-ST	- ZIP				
THILE		□ DELE LE	3 1 T	TLE				Change	☐ Addition
NAME			3.2 NA	AME					
STREET ADDRESS			3.3. S1	ireet /	ADDRESS				
CITY-ST-7IP			3.4 Ci	17 - ST	- ŽIP				
THLE		□ DELETE	4. 1 Ti	TLE			1	Change	Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	1Y-ST-	- ZIP				
TITLE		DELETE	5. 1 TI	TLE				Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5 3 \$1	REET A	ADDRESS				
CITY-ST-ZIP			5.4 CR	TY- ST-	- ZVF				
TITLE		DELETE	6 1 TI	TLE				Change	☐ Addition
NAME			62 NA	ME					
STREET ADDRESS			6.3 ST	REET A	DDRESS				
CITY S1 - ZIP			6.4 C/T	TY-ST-	- ZIP				
14. I do hereb	y cert fy that the information supplied wi	th this filing is voluntarily furn	ished and c	does	not qualify fo	r the exemption stated in Section 119.0	07(3)(k), Flo	rida Statut	es. 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 clock 13 if changed, or on an attachment with an address.

SIGNATURE:

QUATURE AND TYPED OR PRINTED WARF OF SIGNING OFFICER OR DIRECTOR

4-19-96 941-668-0553