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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 11:36

DOCUMENT # H71669 (6)

1. Corporation Name
EAST COAST ALUMINUM, INC.

Principal Place of Business	Mailing Address
107 E PALM WAY UNIT 13 & 14 EDGEWATER FL 32132 US	107 E PALM WAY UNIT 13 & 14 EDGEWATER FL 32132 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/16/1985
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2325415 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21, 22, 23, 24, 25): Suite, Apt. #, etc. / City & State / Zip / Country
2a. Mailing Address (26, 27, 28, 29, 30): Suite, Apt. #, etc. / City & State / Zip / Country

9. Name and Address of Current Registered Agent

HINE, GARY L.
1207 S RIDGEWOOD AVE
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

01 Name: GARY L. HINE
02 Street Address (P.O. Box Number is Not Acceptable): 107 E. PALM WAY UNITS 13 & 14
03
04 City: EDGEWATER FL 05 Zip Code: 32132

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	HINE, GARY L.	1.2 NAME	HINE, GARY L.
STREET ADDRESS	2341 S. RIDGEWOOD	1.3 STREET ADDRESS	107 E. PALM WAY UNITS 13 & 14
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE	STD	2.1 TITLE	STD ☒ Change ☐ Addition
NAME	HINE, MARY A.	2.2 NAME	HINE, MARY A.
STREET ADDRESS	2341 S. RIDGEWOOD	2.3 STREET ADDRESS	107 E. PALM WAY UNITS 13 & 14
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	EDGEWATER, FL 32132
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Gary L. Hine GARY L. HINE 2/13/95 (904) 428-6068
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0012165 CP