

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90151 010 ***150.00

DOCUMENT # H71669

1. Corporation Name
EAST COAST ALUMINUM, INC.

Principal Place of Business
**201 S RIDGEWOOD AVE UNIT 586
EDGEWATER FL 32132
US**

Mailing Address
**201 S RIDGEWOOD AVE UNIT 586
EDGEWATER FL 32132
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1985

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2225 Guava Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 2225 Guava Drive
Suite, Apt. #, etc.

City & State

23 Edgewater, FL

City & State

28 Edgewater, FL

Zip Country
24 32141 25 US

Zip Country
29 32141 30 US

9. Name and Address of Current Registered Agent

**HINE, GARY L.
107 E PALM WAY
UNITS 13 & 14
EDGEWATER FL 32132**

10. Name and Address of New Registered Agent

**81 Name
Hine, Gary L.
82 Street Address (P.O. Box Number is Not Acceptable)
1408 Third Street
83
84 City
Edgewater FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HINE, GARY L.**
STREET ADDRESS **107 E PALM WAY, UNITS 13 & 14**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **STD** ☒ DELETE
NAME **HINE, MARY A.**
STREET ADDRESS **107 E PALM WAY, UNITS 13 & 14**
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PDST** ☒ Change ☐ Addition
1.2 NAME **Hine, Gary L.**
1.3 STREET ADDRESS **1408 Third Street**
1.4 CITY-ST-ZIP **Edgewater, FL 32132**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/99 (904) 428-6068

CR2E034 (1/98)