FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # J06175 (0)

1. Corporation Name
HOSS' DISCOUNT ALUMINUM & BUILDERS, INC.

Principal Place of Business
% JAMES B. GARRIS
2345 S.E. HWY. 441
OKEECHOBEE FL 34974

Mailing Address
% JAMES B. GARRIS
2345 S.E. HWY. 441
OKEECHOBEE FL 34974

3. Date Incorporated or Qualified: 03/26/1986
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business
21 2625 S.E. Hwy 441
22 Suite, Apt. #, etc.
23 City & State: Okeechobee, Fl
24 Zip: 34974
25 Country: Okeechobee

2a. Mailing Address
26 2625 S.E. Hwy. 441
27 Suite, Apt. #, etc.
28 City & State: Okeechobee, Fl
29 Zip: 34974
30 Country: Okeechobee

4. FEI Number: 59-2677040 ☐ 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

9. Name and Address of Current Registered Agent
GARRIS, JAMES B.
2345 S.E. HWY. 441
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	GARRIS, JAMES B.	
STREET ADDRESS	2345 S.E. HWY 441	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	VD	☐ DELETE
NAME	MAUPIN, NORMAN	
STREET ADDRESS	410 SW 14TH CT	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	☐ DELETE
NAME	HEDGES, BOBETTE	
STREET ADDRESS	2345 SE HWY 441	
CITY-ST-ZIP	OKEECHOBEE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	GARRIS,JAMES B.	
1.3 STREET ADDRESS	2625 S.E. HWY 441	
1.4 CITY-ST-ZIP	OKEECHOBEE FL	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	MAUPIN,NORMAN	
2.3 STREET ADDRESS	2833 S.E. 18th Terrace	
2.4 CITY-ST-ZIP	OKEECHOBEE FL	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	HEDGES,BOBETTE	
3.3 STREET ADDRESS	2625 S.E.HWY 441	
3.4 CITY-ST-ZIP	OKEECHOBEE FL	
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 do 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.

SIGNATURE: NORMAN MAUPIN 4-28-97 (941)763-6699

CR2E034 (9/96)