

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J15850 (7)

1. Corporation Name

BAY ALUMINIUM, INC.

Principal Place of Business

Mailing Address

% ROBERT A. DUNN  
2432 KIRKWOOD AVENUE  
NAPLES FL 33962

% ROBERT A. DUNN  
2432 KIRKWOOD AVENUE  
NAPLES FL 33962



2. Principal Place of Business

21 4097 Bayshore Dr

Suite, Apt. #, etc.

22

City & State

23 Naples, Fl.

Zip

24 33962

Country

25

2a. Mailing Address

26 4097 Bayshore Dr.

Suite, Apt. #, etc.

27

City & State

28 Naples, Fl.

Zip

29 33962

Country

30

3. Date Incorporated or Qualified

05/21/1986

3a. Date of Last Report

03/16/1995

4. FEI Number

59-2709422

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

10. Name and Address of New Registered Agent

DUNN, ROBERT A.  
2432 KIRKWOOD AVENUE  
NAPLES FL 33962

81 Name

Patricia M. Dunn

82 Street Address (P.O. Box Number is Not Acceptable)

4097 Bayshore Dr.

83

Naples, Fl.

84 City

33962

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 Patricia M. Dunn

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

(NOTE: Registered Agent signature required when reinstating)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, ROBERT A.	
STREET ADDRESS	2432 KIRKWOOD AVENUE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, PATRICIA M.	
STREET ADDRESS	2432 KIRKWOOD AVENUE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200001834712  
-05/22/96-01055-031  
\*\*\*200.00

96  
5-1  
AM

SIGNATURE

Patricia M. Dunn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

DATE

941-775-1711

Daytime Phone #

CR2E034 (12/95)