SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J19960** **(0)**

1. Corporation Name
TREASURE COAST ALUMINUM PRODUCTS, INC.

Principal Place of Business	Mailing Address
5717 BUCHANAN DR FT. PIERCE FL 34982	5717 BUCHANAN DR FT. PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/16/1986	06/21/1994

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

4. FEI Number **59-2291124** ☐ 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
LEELAND, FRANK A 5717 BUCHANAN DRIVE FORT PIERCE FL 34982	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 _____ 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	P	11 TITLE	☐ Change ☐ Addition
NAME	LEELAND, FRANK	12 NAME	
STREET ADDRESS	5717 BUCHANAN DR	13 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL 34982	14 CITY ST ZIP	
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	HARRISON, MARK	22 NAME	V David Miller
STREET ADDRESS	7906 SANTA CLARA BLVD.	23 STREET ADDRESS	4401 Babylon Drive
CITY ST ZIP	FT. PIERCE FL 33451	24 CITY ST ZIP	Pt. St. Lucie, Fl. 34952
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	GILSINAN, GARY	32 NAME	
STREET ADDRESS	712 VIRGINIA STREET	33 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL 34983	34 CITY ST ZIP	
TITLE	S	41 TITLE	☒ Change ☐ Addition
NAME	MILLER, DAVID	42 NAME	S Phillip Adams
STREET ADDRESS	4401 BABYLON	43 STREET ADDRESS	1692 Crowberry Road
CITY ST ZIP	PORT ST. LUCIE FL 34953	44 CITY ST ZIP	Pt. St. Lucie, Fl. 34952
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E094 (3/95)

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)(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 changed, or on an attachment with an address.

SIGNATURE: Frank A Leeland 7/17/95 (407) 465-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK A. LEELAND

0110588 CP