

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PH 3:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J23918 (2)

1. Corporation Name

ACE ALUMINUM PRODUCTS, INC.

Principal Place of Business

**C/O DOUGLAS C. MOORE
226 HARDEE LN
ROCKLEDGE FL 32955
US**

Mailing Address

**% DOUGLAS C. MOORE
226 HARDEE LANE
ROCKLEDGE FL 32955**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/14/1986

3a. Date of Last Report
06/14/1994

4. FEI Number
59-2774720

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, DOUGLAS C.
1312 ALSUP DR
ROCKLEDGE FL 32955**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	MOORE, DOUGLAS C
STREET ADDRESS	1312 ALSUP DR
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	D
NAME	GORDON, JEFF
STREET ADDRESS	914 LEHT PKSY
CITY - ST - ZIP	ROCKLEDGE FL
TITLE	D
NAME	COBB, REECE
STREET ADDRESS	7040 BURNMARK RD
CITY - ST - ZIP	COCOA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	WAYNE STOUT
2.4 CITY - ST - ZIP	4065 OAKLAND ST CORRA, FLA. 32927
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	SEAN STOUT
3.4 CITY - ST - ZIP	140 MINNA LN. #116 MERRITT ISLAND, FLA. 32953
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D
4.3 STREET ADDRESS	JAMES STOUT
4.4 CITY - ST - ZIP	1026 REGALIA DR. ROCKLEDGE, FLA. 32955
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Douglas C. Moore

Douglas C. Moore

4-26-95

407 632 5495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number