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PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT STATE
Sandra B. Mortha
Secretary of Sta
DIVISION OF CORPOR ONS

DOCUMENT # J23918 (2)

1. Corporation Name

ACE ALUMINUM PRODUCTS, INC.

Principal Place of Business	Mailing Address
C/O DOUGLAS C. MOORE 226 HARDEE LN ROCKLEDGE IL 32955 US	% DOUGLAS C. MOORE 226 HARDEE LANE ROCKLEDGE FL 32955

2. Principal Place of Business 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address 26 ____ Suite, Apt. #, etc 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

3. Date Incorporated or Qualified: 07/14/1986

3a. Date of Last Report: 05/01/1995

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

9. **Name and Address of Current Registered Agent**

MOORE, DOUGLAS C.
1312 ALSUP DR
ROCKLEDGE FL 32955

10. **Name and Address of New Registered Agent**

Name ____
Street Address (P.O. Box Number is Not Acceptable) ____
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	P	☐ DELETE
NAME	MOORE, DOUGLAS C	
STREET ADDRESS	1312 ALSUP DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	☐ DELETE
NAME	STOUT, WAYNE	
STREET ADDRESS	4065 OAKLAND ST	
CITY-ST-ZIP	COCOA FL	
TITLE	D	☑ DELETE
NAME	STOUT, SEAN	
STREET ADDRESS	140 MINNA LN #116	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	☐ DELETE
NAME	STOUT, JAMES	
STREET ADDRESS	1026 REGALIA DR	
CITY-ST-ZIP	ROCKLEDGE FL	
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

11 TITLE	D	☐ Change ☑ Addition
12 NAME	James Hutchins	
13 STREET ADDRESS	6165 Alden Ave	
14 CITY-ST-ZIP	Cocoa FL 32927	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and not qualify for the exemption stated in Section 119.07(3)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas C. Moore

Date: 4/24/96 Daytime Phone #: 407 632 5495