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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J43054

Corporation Name

STREET ADDRESS

DICK WALKER ALUMINUM PRODUCTS, INC.

Mailing Address Principal Place of Business % RICHARD G. WALKER % RICHARD G. WALKER 6979 MEDITERRANENAN ROAD 6979 MEDITERRANENAN ROAD DO NOT WRITE IN THIS SPACE ORLANDO FL 32822 ORLANDO FL 32822 3. Date Incorporated or Qualifed 11/19/1986 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2738909 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WALKER, RICHARD G. Street Address (P.O. Box Number is Not Acceptable) 11461 SOUTH ORANGE BLOSSOM TRAIL SUITE 3 83 ORLANDO FL 32821 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 11 TITLE PD TITLE WALKER, RICHARD G. 1.2 NAME NAME 11461 S ORANGE BLOSSOM 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Charton DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change □ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change DELETE 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADORESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE FLORIDA CO 62 NAME NAME

CITY-ST-ZIP. 14. I 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 Thereby certify that the midmature supplied with this limit does not quality to the exemption stated in 1975 (1975). In this distinct that the 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

3-15-99 407-381-2074

CR2E034 (11/98)