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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

CAMEO ALUMINUM, INC.

ON WILLS A COMMITTEE WITH	•	
Principal Place of Business	Mailing Address	
115 SUGAR CREEK RD WINTER HAVEN FL 33880	115 SUGAR CREEK RD WINTER HAVEN FL 33880	

US	214 12 00000	US	~				
					3. Date Incorporated or Qualified 02/24/1987	3a. Date of Last 06/14/19	Report 995
2. Princ pal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-2774089		Applied For
21		26			00 E11 4000		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Cou	intry	8. This corporation has liability for in		s 199.032,
24	25	29	30	Y	Florida Statutes Yes		
	9. Name and Address of Current	Registered Agent		 	10. Name and Address of New R	egistered Agent	
WELDED				81 Name	Anno H. Wolser		
	R, ANNA H.			82 Street Add	Anna H. We1ser dress (P.O. Box Number is Not Acceptable	θ)	
	NES ROAD			L	170 Lk. Stella Dr.,	#2	
AUBURN	NDALE FL 33823			83	P O Box 685		
				84 City		FL 85	Zip Code
44 5	the mandalana of Castings 607 0500	and £07 1509. Elevida Statutos	the sh	L L	Auburndale pration submits this statement for the pur	· - D	3823-0685
or registere	o the provisions of Sections 607,0002 ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such change was authorized	d by the	corporation's bo	ard of directors. Thereby accept the appoint	bintment as register	ed agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent.	and title if applicable (NOTs	: Registere	d Agent signature requi	red when relastating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	CAVEON FRANK R	DELETE	1. 1	IITLE	•	Change	e 🔲 Addition
NAME	CAYSON, FRANK D.		1.2 N	IAME			
STREET ADDRESS	115 SUGAR CREEK RD		1.3 9	IREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		1.4 (CHTY-S1-ZIP			
TITLE		☐ DELETE	2.1	TITLE		Chang	e 🔲 Addition
NAME			2.21	IAME			
STREET ADDRESS			2.3 9	STREET ADDRESS			
DITY-ST-ZIP			240	CITY - ST - ZIP			
TITLE		☐ DELETE	3.1	TITLE		☐ Chang	e 🔲 Addition
NAME			321	IAME			
STREET ACORESS			33	STREET ADDRESS			
CITY-ST-ZIP			341	CITY-ST-ZIP			
TITLE		☐ DELETE	4.1	TITLE		Chang	e 🔲 Addition
NAME			4.21	NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZIP			4.4	CIBY-ST-ZIP			
TITLE		DELETE	5. 1	14TLF		☐ Chang	e 🔲 Addition
NAME			5.21	NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP			5.4	City-St-ZiP			
TITLE		DELETE	6 1	TITLE		☐ Chang	e 🔲 Addition
NAME			6.2	NAME			
STREET ADDRESS			63	STREET ADDRESS			
CHY-ST-7/P			6.4	CITY-ST-ZIP			
14. I do hereb	y certify that the information supplied	with this filing is voluntarily furnis	shed and	does not qualify	for the exemption stated in Section 119	.07(3)(k), Florida Sta	tutes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(3)(k). Horida Statutes. 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 is changed, open an attachment with an address.

|GNATURE: | Jake |

SIGNATURE: