

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05/11/95 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75023 (8)

1. Corporation Name:

PREFERRED ALUMINUM INSTALLATION, INC.

Principal Place of Business:

**% TONY BLANCO
5301 W. CRENSHAW ST.
TAMPA FL 33643**

Mailing Address:

**% TONY BLANCO
5301 W. CRENSHAW ST.
TAMPA FL 33643**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1987** 3a. Date of Last Report: **08/10/1994**

4. FEI Number: **59-2743749** Apply 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. The corporation has liability for delinquent tax under 5-119a (1)(a) Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business:

21. State Apt. # etc.

23. City & State:

24. Zip:

25. Country:

2a. Mailing Address:

26. State Apt. # etc.

27. City & State:

29. Zip:

30. Country:

9. Name and Address of Current Registered Agent

**PETERSON, MICHAEL L. ESQ.
MOLLOY, JAMES & PETERSON
325 SOUTH BLVD.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

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 607.09(3) and 607.15(8), 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 607.09(3), Florida Statutes.

SIGNATURE:

Signature of Agent (Agent must sign and print name and title)

Signature of Agent (Agent must sign and print name and title)

12/1

12. OFFICERS AND DIRECTORS

12.1	DPT	BLANCO, TONY
NAME	5301 W. CRENSHAW ST.	TAMPA FL 33634
STREET ADDRESS	VS	
CITY, ST, ZIP	BLANCO, TONY	
NAME	5301 W. CRENSHAW ST.	TAMPA FL 33634
STREET ADDRESS		
CITY, ST, ZIP		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	☐ Change ☐ Addition
13.1 NAME	
13.1 STREET ADDRESS	
13.1 CITY, ST, ZIP	
13.2	☐ Change ☐ Addition
13.2 NAME	
13.2 STREET ADDRESS	
13.2 CITY, ST, ZIP	
13.3	☐ Change ☐ Addition
13.3 NAME	
13.3 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.4	☐ Change ☐ Addition
13.4 NAME	
13.4 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5	☐ Change ☐ Addition
13.5 NAME	
13.5 STREET ADDRESS	
13.5 CITY, ST, ZIP	
13.6	☐ Change ☐ Addition
13.6 NAME	
13.6 STREET ADDRESS	
13.6 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.02(9)(a) Florida Statutes. I further certify that the information included 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 of this report, or on an attachment with an address.

SIGNATURE: *Tony Blanco / President* 5/3/95 813-888-6900
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR