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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K52995 (3)

1. Corporation Name
BECKER ALUMINUM & CONSTRUCTION, INC.



Principal Place of Business
6805 US HWY 301 S.
P.O. BOX 1545
RIVERVIEW FL 33569-5136
US

Mailing Address
6805 US HWY 301 S.
P.O. BOX 1545
RIVERVIEW FL 33569-4340
US

3. Date Incorporated or Qualified
12/15/1988

3a. Date of Last Report
06/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2925638	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24	29	30	

9. Name and Address of Current Registered Agent

BECKER, MYRON
9911 SPRINGWAY DR
RIVERVIEW FL 33569

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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, MICHAEL	1.2 NAME	
STREET ADDRESS	2035 DOHLE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	1.4 CITY-ST-ZIP	
TITLE	DP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, MYRON	2.2 NAME	
STREET ADDRESS	9911 SPRINGWAY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, MARILYN	3.2 NAME	
STREET ADDRESS	9911 SPRINGWAY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Myron P. Becker 2/25/97 813-671-2303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)