

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K88183 (4)

1. Corporation Name
ALUMA-TECH, INC.



Principal Place of Business Mailing Address
955 BENNINGER DR BRANDON FL 33510-3844 955 BENNINGER DR BRANDON FL 33510-3844

3. Date Incorporated or Qualified 05/15/1989 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 720 Dew Bloom Rd. 2a. Mailing Address 26 P.O. Box 249
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-2949137 Applied For Not Applicable

22 City & State 23 Brandon, FL 33510 27 City & State 28 Seffner, FL
Zip 24 33510 Country 25 Hillsborough 29 33584 30 Hillsborough

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

10. Name and Address of New Registered Agent

EAVES, MARKHAM R.
955 BENNINGER DRIVE
BRANDON FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D EAVES, MARKHAM R 955 BENNINGER DR BRANDON FL
DELET
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D EAVES, SUSAN E 955 BENNINGER DR BRANDON FL
DELET
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11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP
Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Markham R. Eaves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-96

Date

813-685-1570

Daytime Phone #

CR2E034 (3/96)