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PROFIT CC/RPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L21667** 

1. Corporation Name

Principal Place of Business

12077 S.E. 89TH TERR

BELLEVIEW FL 34420

F & R ALUMINUM INC.

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable <del>59-3013897</del> 21 26 \$8.75 Acditional Suite, Art. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6 Election Campaign Financing \$5.00 Nav Be  $\Box$ Added to Fees 23 Trust Fund Contribution 28 Country Zip Coun ry Zip 8. This corporation owes the current year Intangible []No **∀**Yes 30 Person al Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CIAMPI, RONALD Street Address (P.O. Box Number is Not Acceptable) 82 12077 SE 89TH TERRACE **BELLEVIEW FL 34420** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was a uthorized 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 (NOTI Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE TITLE LARRY GENOUA CIAMPI, RONALD 1.2 NAME NAME 14 BAHIA TRACE TRAIL 12077 SE 89TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS OCALA FL 34472 **BELLEVIEW FL 34420** 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE CIAMPI, LORETTA 2.2 NAME NAME 12077 SE 89TH TERRACE 2.3 STREET ADDRESS STREET ADDRE 3S **BELLEVIEW FL 34420** 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ■ DELETE 3.1 TITLE

14. I hereb / certify that the information supplied with this filing does not qualify fcr 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 recuired 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, with all other like empowered.

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

DELETE

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ATL RE AND TYPED OR I PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/99 35 2/245-0122 Date Dayline Phone #

Change

☐ Change

Change

Addition

Addition

☐ Addition

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90138 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

10/10/1989

CR2E034 (11/98)