FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -3 AM 5:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39496 (9)

1. Corporation Name
ALL LINE ALUMINUM, INC.

Principal Place of Business	Mailing Address
4090 SHOAL LINE BLVD. SPRING HILL FL 34607	7102 PORPOISE SR SPRING HILL FL 34607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2990287 ☐ Applied 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCHIBALD, STEVE A.
4090 SHOAL LINE BLVD.
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 $120.00
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 of current or new registered agent required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	DP	☑ Change ☐ Addition
NAME	ARCHIBALD, STEVE A.	12 NAME	Archibald, Steve A.	
STREET ADDRESS	3055 GLORIA AVE.	13 STREET ADDRESS	7102 Porpoise St	
CITY ST ZIP	SPRING HILL FL	14 CITY ST ZIP	Spring Hill FL 34607	
TITLE	DST	21 TITLE	DST	☑ Change ☐ Addition
NAME	ARCHIBALD, DARLENE M.	22 NAME	Archibald, Darlene M.	
STREET ADDRESS	3055 GLORIA AVE.	23 STREET ADDRESS	7102 Porpoise St	
CITY ST ZIP	SPRING HILL FL	24 CITY ST ZIP	Spring Hill FL 34607	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darlene M Archibald 4-25-95 904-598-0035
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
Darlene M Archibald Vice President

0380768 CP