

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jul 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L54080** (1)
1. Corporation Name
STULL'S ALUMINUM INCORPORATED

Principal Place of Business 1940 COCO PALM DR EDGEWATER FL 32141	Mailing Address 1940 COCO PALM DR EDGEWATER FL 32141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2989672	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STULL, OMER 1940 COCO PALM DR EDGEWATER FL 32141		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	PD STULL, OMER 1940 COCO PALM DR EDGEWATER FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, OMER	1.2 NAME	
STREET ADDRESS	1940 COCO PALM DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	
TITLE	DT STULL, PAULETTE 1940 COCO PALM DR EDGEWATER FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, PAULETTE	2.2 NAME	
STREET ADDRESS	1940 COCO PALM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	VD STULL, MICHAEL 1931 EVERGREEN DR EDGEWATER FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, MICHAEL	3.2 NAME	
STREET ADDRESS	1931 EVERGREEN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	
TITLE	SD STULL, MICHELLE 1931 EVERGREEN DR EDGEWATER FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STULL, MICHELLE	4.2 NAME	
STREET ADDRESS	1931 EVERGREEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Stull* **OMER STULL** 1/2/98 941-427894

CR2E034 (10/97)