FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M68276** **(8)**

1. Corporation Name
OSCEOLA ALUMINUM, INC.

Principal Place of Business
POST OFFICE BOX 2080
ST. CLOUD FL 34770

Mailing Address
POST OFFICE BOX 2080
ST. CLOUD FL 34770

3. Date Incorporated or Qualified: 02/15/1988
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business
21 2652 A.Michigan Ave.
Suite, Apt. #, etc.
22 A.
City & State
23 Kissimmee,Fl.34744
Zip 24 Country 25

2a. Mailing Address
26 P.O.Box 2080
Suite, Apt. #, etc.
27
City & State
28 St.Cloud,Fl.34770
Zip 29 Country 30

4. FEI Number: 59-2874327 — 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
JOHNSON, BLAIR M.
425 SOUTH DILLARD STREET
WINTER GARDEN FL 32787

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
Signature typed or printed name of registered agent and title if applicable — Date — Registered Agent signature required above for filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	ELKINS, RUSSELL A	
STREET ADDRESS	670 FLAGLER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	EADDY, SANDRA L.	
STREET ADDRESS	P.O. BOX 2080 N/A	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D V	☒ Change ☐ Addition
1.2 NAME	Elkins,Russell A.	
1.3 STREET ADDRESS	700 Nana Ave.	
1.4 CITY-ST-ZIP	Orlando,Fl. 32809	
2.1 TITLE	D S T	☒ Change ☐ Addition
2.2 NAME	Eaddy,Sandra	
2.3 STREET ADDRESS	1917 Parkway Ave.	
2.4 CITY-ST-ZIP	St.Cloud,Fl.34772	
3.1 TITLE	D President	☐ Change ☒ Addition
3.2 NAME	Eaddy,Phillip M.	
3.3 STREET ADDRESS	1917 Parkway Ave.	
3.4 CITY-ST-ZIP	St.Cloud,Fl.34772	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Sandra Eaddy SANDRA EADDY 5/1/96 407 933-1491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)