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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M68276

1. Corporation Name
OSCEOLA ALUMINUM, INC.

Principal Place of Business

**2652 A MICHIGAN AVE
A
KISSIMEE FL 34744
US**

Mailing Address

**POST OFFICE BOX 2080
ST. CLOUD FL 34770**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1988

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2652 A Michigan Avenue

2a. Mailing Address

26 P.O. Box 2080

Suite, Apt. #, etc.

22 A

Suite, Apt. #, etc.

27 N/A

City & State

23 Kissimmee, Florida

City & State

28 St. Cloud, Florida

Zip

24 34744

Country

25 USA

Zip

29 34770

Country

30 USA

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **ELKINS, RUSSELL A**
STREET ADDRESS **700 NANA AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DST** ☐ DELETE
NAME **EADDY, SANDRA L**
STREET ADDRESS **1917 PARKWAY AVE**
CITY-ST-ZIP **ST. CLOUD FL**

TITLE **DP** ☐ DELETE
NAME **EADDY, PHILLIP M**
STREET ADDRESS **1917 PARKWAY AVE**
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Sandra Eaddy* **SANDRA EADDY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99
Date

(407) 933-1491
Daytime Phone #

CR2E034 (11/98)

0583221