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FILED

Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M73710 (9)

1. Corporation Name  
STEPHENSON ENTERPRISES ALUMINUM, INC.

Principal Place of Business  
6650-B TREELAND AVE., NORTH  
LARGO FL 34649

Mailing Address  
6650-B TREELAND AVE., NORTH  
LARGO FL 33773-3539



3. Date Incorporated or Qualified  
03/24/1988

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33773

25

29

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9. Name and Address of Current Registered Agent

4. FEI Number

59-2878519

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

10. Name and Address of New Registered Agent

STEPHENSON, KENNETH  
10326 57TH WAY NORTH  
PINELLAS PARK FL 34668

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 P STEPHENSON, KENNETH \*\* DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
6143 TANGLEWOOD DRIVE NE  
PINELLAS PARK FL

TITLE VPS VPS DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
STEPHENSON, PHILLIP  
106 21ST AVE., NE  
ST. PETERSBURG 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 P Change Addition

12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP  
STEPHENSON, KENNETH  
10326 57th WAY NORTH  
PINELLAS, PARK FL

2.1 TITLE VPS Change Addition

22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
VPS  
STEPHENSON, PHILLIP  
6143 TANGLEWOOD DR. N.E.  
ST. PETERSBURG, FL 33703

3.1 TITLE Change Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-97 813-538-0776

Date

Daytime Phone #

CR2E034 (9/96)