FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002172 (4)

1. Corporation Name

ALUMINUM ASSOCIATION OF FLORIDA, GREATER VOLUSIA CHAPTER, INC.

Principal Place of Business	Mailing Address
21 SUNSHINE BLVD ORMOND BEACH FL 32174	21 SUNSHINE BLVD ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report:
4. FEI Number: 59-324-0358 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3319 Maquire Blvd	26 P. O. Box 140532
Suite, Apt #, etc 22 Suite 155	Suite, Apt #, etc 27
City & State 23 Orlando, FL	City & State 28 Orlando, Florida
Zip 24 32803 — Country 25 USA	Zip 29 32814 — Country 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLASSE, WANDA
3319 MAGUIRE BLVD
SUITE 155
ORLANDO FL 32803

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 ______

12. OFFICERS AND DIRECTORS

TITLE	~~Richard Gill~~ President/D
NAME	Richard Gill
STREET ADDRESS	1179 Roberts St.
CITY ST ZIP	Ormond Beach, FL 32174
TITLE	Vice President/D
NAME	Ed Wood
STREET ADDRESS	767 Espanola
CITY ST ZIP	Ormond Beach, FL 32174
TITLE	Treasurer /D
NAME	Dana Marion
STREET ADDRESS	1507 Pine Ave.
CITY ST ZIP	Holly Hill, FL 32117
TITLE	Secretary /D
NAME	Annette Belisle
STREET ADDRESS	1360 N. Nova Road
CITY ST ZIP	Daytona Beach, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY ST ZIP		☐ Change ☐ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY ST ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY ST ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY ST ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY ST ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY ST ZIP		☐ Change ☐ Addition

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

SIGNATURE: [signature] Richard Gill — 4-26-95 — 904-677-7273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024317