

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003921

1. Corporation Name

STRUCTURAL HARDWARE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

same as mailing address

C/O Alpine Engineered Products, Inc.
1950 Marley Drive, R+D Bldg
Haines City FL 33844

3. Date Incorporated or Qualified

3a. Date of Last Report

AUGUST 14, 1995

not applicable

4. FEI Number

Applied For

65-0626759

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

2. Principal Place of Business

2a. Mailing Address

21 **1950 Marley Drive**

26 **1950 Marley Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **R+D Bldg**

27 **R+D Bldg**

City & State

City & State

23 **Haines City FL**

28 **Haines City FL**

24 **33844**

25 **USA**

29 **33844**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Charles Pettit
150 SE 12 St, Suite 101
Fort Lauderdale FL 33316**

81 Name

82 **150 SE 12 St, Suite 101**

83

84 **Fort Lauderdale**

FL

85 **33316**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **~~D~~** ☐ DELETE
NAME **A. Norris Breivik**
STREET ADDRESS **703 Rogers Drive**
CITY-ST-ZIP **Montgomery MN 56069**

TITLE **D** ☒ DELETE
NAME **Harvel Crumley**
STREET ADDRESS **11801 Industry Drive**
CITY-ST-ZIP **Jacksonville FL 32218**

TITLE **D** ☐ DELETE
NAME **Robert Ehrhardt**
STREET ADDRESS **14400 Industrial Ave South**
CITY-ST-ZIP **Cleveland OH 44137**

TITLE **~~D~~** ☐ DELETE
NAME **David Hartzell**
STREET ADDRESS **11910 62nd Street, North**
CITY-ST-ZIP **Largo FL 34643**

TITLE **D** ☐ DELETE
NAME **Donald Tschan**
STREET ADDRESS **2528 126 Ave N.E.**
CITY-ST-ZIP **Bellevue WA 98005**

TITLE **D** ☐ DELETE
NAME **Thomas H. Williams**
STREET ADDRESS **Sound Side Road**
CITY-ST-ZIP **Edenton NC 27932**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P/S/T/D** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **1950 Marley Drive**
14 CITY-ST-ZIP **Haines City FL 33844**

21 TITLE **D** ☐ Change ☒ Addition
22 NAME **Mark Jensen**
23 STREET ADDRESS **3335 E Broadway**
24 CITY-ST-ZIP **Phoenix AZ 85040**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE **V/D** ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME **000001828400**
53 STREET ADDRESS **-05/20/96--01024--025**
54 CITY-ST-ZIP *****61.25**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

A. Norris Breivik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

A. Norris Breivik 4/30/96 (941)422-8685

CR2E037 (12/95)