

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90054 008 ***150.00

DOCUMENT # P09090

1. Corporation Name

DULA-WRIGHT ALUMINUM PRODUCTS, INC.



Principal Place of Business

Mailing Address

9532 HEBRON COMMERCE DR
CHARLOTTE NC 28273

9532 HEBRON COMMERCE DR
CHARLOTTE NC 28273

US 8206 Coral Farms Rd.
Florahome, FL 32140

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1986

2. Principal Place of Business

2a. Mailing Address

21 8206 Coral Farms Rd.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
23 Florahome FL

27 City & State

24 32140 25 U.S.

29 Zip Country
30

4. FEI Number

56-1489199

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARPE, HENRY JR.
CORAL FARMS ROAD
FLORAHOME FL 32635

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DULA, FRED P
STREET ADDRESS 5722 COURTVIEW DRIVE
CITY-STATE-ZIP CHARLOTTE NC

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

☐ Change

☐ Addition

TITLE S
NAME DULA, ALLISON PERRY
STREET ADDRESS 5624 SHUMARD OAK LANE
CITY-STATE-ZIP CHARLOTTE NC

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

☒ Change

☐ Addition

TITLE T
NAME MYRICK, TINA M
STREET ADDRESS 2116 ARROWOOD ROAD
CITY-STATE-ZIP CHARLOTTE NC

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

☒ Change

☐ Addition

TITLE Corporate Treasurer
NAME Ken Reisenweber
STREET ADDRESS McBrier Bldg Ste B20 3939 W. Ridge Rd
CITY-STATE-ZIP ERIE PA 16506

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

☐ Change

☒ Addition

TITLE EEO
NAME Jim McBrier
STREET ADDRESS McBrier Bldg Ste B20 3939 W. Ridge Rd
CITY-STATE-ZIP ERIE PA 16506

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

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

☐ 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 a different like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2-9-99
Date

(704)523-7137
Daytime Phone #

CR2E034 (11/98)