FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:56

DOCUMENT # P35840 (8)

1. Corporation Name
ASHLEY ALUMINUM, INC.

Principal Place of Business	Mailing Address
5120 WEST CLIFTON P O DRAWER 15390 TAMPA FL 33634	5120 WEST CLIFTON P O DRAWER 15390 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 58-1960216 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title of officer. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, WILLIAM S.	1.2 NAME		
STREET ADDRESS	TWELVE PIEDMONT CENTER	1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	MURATORI, WALTER O.	2.2 NAME		
STREET ADDRESS	5120 WEST CLIFTON	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	NURKIN, SIDNEY JH	3.2 NAME		
STREET ADDRESS	191 PEACHTREE ST NE	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE	VS	☒ Change ☐ Addition
NAME	GOFFNEY, STEVEN C.	4.2 NAME	GAFFNEY, C. STEVEN	
STREET ADDRESS	5120 W. CLIFTON	4.3 STREET ADDRESS	5120 W. CLIFTON	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL	
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	MCLEAN, BART	5.2 NAME		
STREET ADDRESS	TWELVE PIEDMONT CENTER	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	GRAHS, BERNARD K.	6.2 NAME	ALLAN P. POTSIC	
STREET ADDRESS	5120 W. CLIFTON	6.3 STREET ADDRESS	5120 W. CLIFTON	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TAMPA, FL	

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)(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 addition.

SIGNATURE: Allan P. Potsic CFO 3/2/95 (813) 884-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0301665 CP