

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P35840

(8)

1. Corporation Name

ASHLEY ALUMINUM, INC.



Principal Place of Business

Mailing Address

5120 WEST CLIFTON
P O DRAWER 15398
TAMPA FL 33634

5120 WEST CLIFTON
P O DRAWER 15398
TAMPA FL 33634

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAFFNEY, C. STEVEN
C/O ASHLEY ALUMINUM, INC.
5120 W. CLIFTON ST.
TAMPA FL 33634

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 of the principal officer or registered agent and the individual

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

NAME GREEN, WILLIAM S.
STREET ADDRESS TWELVE PIEDMONT CENTER
CITY- ST- ZIP ATLANTA GA

12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

11 TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME MURATORI, WALTER O.
STREET ADDRESS 5120 WEST CLIFTON
CITY- ST- ZIP TAMPA FL

22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

11 TITLE ☒ DELETE

31 TITLE ☐ Change ☐ Addition

NAME NURKIN, SIDNEY JH
STREET ADDRESS 191 PEACHTREE ST NE
CITY- ST- ZIP ATLANTA GA

32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

11 TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME GAFFNEY, C. S
STREET ADDRESS 5120 W CLIFTON
CITY- ST- ZIP TAMPA FL

42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

11 TITLE ☒ DELETE

51 TITLE ☐ Change ☐ Addition

NAME MCLEAN, BART
STREET ADDRESS TWELVE PIEDMONT CENTER
CITY- ST- ZIP ATLANTA GA

52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

11 TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME POTSIC, ALLAN P
STREET ADDRESS 5120 W. CLIFTON
CITY- ST- ZIP TAMPA FL

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

813 884-0444

Daytime Phone

CR2E034 (12/95)