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 JAN 19 AM 9:39

DOCUMENT # P92000011680 (5)

1. Corporation Name
BANNER ALUMINUM INC.

Principal Place of Business
3302 1/2 ENTERPRISE ROAD
FORT PIERCE FL 34982

Mailing Address
3302 1/2 ENTERPRISE ROAD
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 02/08/1994

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

4. FEI Number: 65-0370791 — 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
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: DAVID LOPER II
82 Street Address (P.O. Box Number is Not Acceptable): 1502 NEPTUNE
83
84 City: PORT ST. LUCIE FL
85 Zip Code: 34953

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 X [signature] DAVID LOPER II, VICE PRESIDENT 1/10/94
Signature, typed or printed name of registered agent (if applicable) — NOTE: Registered Agent signature required when indicated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOPER, DAVID	12 NAME	
STREET ADDRESS	5804 BAMBOO DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	LOPER, MARY L	22 NAME	
STREET ADDRESS	5804 BAMBOO DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	LOPER, DAVID II	32 NAME	
STREET ADDRESS	1502 NEPTUNE	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — 407-466-7210 Daytime Phone #

0370610 CP