FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:42

DOCUMENT # P93000025324 (3)

1. ALUMINUM WHOLESALERS OF FLORIDA, INC.

Principal Office
1030 S.E. 12TH AVE.
CAPE CORAL FL 33990

Mailing Address
1030 S.E. 12TH AVE.
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 04/01/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
2a. Mailing Address
26

Suite Apt. # or
22
Suite Apt. # or
27

City & State
23
City & State
28

Zip
24
County
25
Zip
29
County
30

4. FEI Number: 65-0413801
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. Did corporation has liability for intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

HURT, CHARLES
1030 S.E. 12TH AVE.
CAPE CORAL FL 33990

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 Section 607.0505 and 607.0508 Florida Statutes, the above named corporation submits the 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. Hereby, accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505 Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HURT, CHARLES
STREET ADDRESS	15890 DORTH CIRCLE
CITY ST ZIP	FT. MYERS FL 33908

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that I am qualified for the exemption contained in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and correct and that I am, upon request, qualified to receive the same legal rights as a Florida notary. I further certify that I am aware of changes of the corporation or the issuance or transfer of shares of the corporation which have occurred prior to the filing of this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an address.

SIGNATURE: Charles Hurt Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
CHARLES HURT

813-772-4111
Area Code

0332027 CP