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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000036641 (7)

CARMACK'S QUALITY ALUMINUM, INC.

Principal Place of Business	Mailing Address
10104 OANA NEW PORT RICHEY FL 34654	4844 GRANDVIEW AVE. New Port Richey FL 34652 US

FILED Jan 30 1998 8:00am Secretary of State



Principal Place	ce of Business Mailing Address			1 100 1100	1 ADDITION AND PRINT THE CRASH CONTRACTOR OF THE				
		NEW PORT RICHEY FL 34652			DO NOT WRITE IN THIS SPACE				
	U\$			3. Date Incorporated or Qualified			V ITIIS SPACE		
					05/19/1			<i>'</i>	
2. Principal P	lace of Business	2a. Mailing Address	 		4. FEI Number			Applied For	
21 8052 Leo KIDD AVE 26			59-308			Not Applicable			
Sulte, Apt. #, etc. Suite, Apt. #, etc.					¬ \$8.7	5 Additional			
27				5. Certificate	of Status Desired	, , , , , ,	Required		
City & State City & State				6. Election C	ampaign Financing	\$5.	00 May Be		
23 PORT	brt Richey FlA. 28				Marie Control of the	Contribution		led to Fees	
Zip	Country	Zip	Cou	intry	8. This corpo	ration owes or has paid	the current year	r Intangible	
24 3466		29	30			roperty Tax due June 3		□ No	
	9, Name and Address of Current	Registered Agent				Address of New Regi	stered Agent		
ADI	DE\$SI, MICHAEL V			81 Nan	ne				
NE1	rwork Business Solutions, II	NC.		82 Stre	Street Address (P.O. Box Number is Not Acceptable)				
864	3 REGENCY PARK BLVD.								
PORT RICHEY FL 34668				63					
				84 City			85	Zip Code	
							FL	·	
11. Pursuant t	to the provisions of Sections 607,0502 against agent, or both, in the State of	and 607.1508, Florida Štatu LElovida, Such change was	tes, the al	bove-nam	ed corporation submits the	als statement for the pure	rpose of changir	ng its registered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Fl	orida Stat	lutes.	or poration or board or one	octoror i norosy docopi	the appointment	t do regionores	
SIGNATURE					<u> </u>				
	Signature, typed or printed name of registered agent			d Agent signa	ture required when reinstating)	OLIANGED TO OFFICE	DATE DIDECT	10000 111 10	
12.	OFFICERS AND	DELETE	13.	TI C	ADDITIONS	CHANGES TO OFFICE	HS AND DIREC		
TITLE	•		1.2 N/					go C Madillon	
NAME	Carmack, Bob L. 4844 Grandview Ave.			amie Freet addres					
STREET ADDRESS					3				
CITY-ST-ZIP TITLE	NEW PORT RICHEY, FL	DELETE	2 1 T/	17Y-ST-ZIP TLE			Chan	oe Addition	
Į.	CADMACK LOUNCE M	beteit	2.2 N				L. Vilaii	Se T VODICION	
NAME	CARMACK, LOUISE M.								
STREET ADDRESS	4844 GRANDVIEW AVE.			TREET ADDRES	·5				
CITY-ST-ZIP TITLE	NEW PORT RICHEY FL	DELETE	3170	TY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Chan	ge Addition	
		had beceip	3.2 N/				La Origin	e- Land / House, lott	
NAME CTOTET ADDDESS			4		e				
STREET ADDRESS				REET ADDRES	N				
CITY-ST-ZIP TITLE		DELETE	3.4. G 4.1 TI	ITY-ST-ZIP			Chan	ge Addition	
NAME			4.2 N				L 2000	p	
- 1				ranic Treet addres	e l				
STREET ADDRESS				TY-ST-ZIP	~				
CITY-ST-ZIP TITLE		DELETE	5.1 Ti				Chan	ge Addition	
NAME			5.2 NA						
1				REET ADDRES	.s				
STREET ADDRESS				TY-ST-ZIP				1	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 11				☐ Chan	ge Addition	
i			6.2 N/				<u> </u>		
NAME STREET ADDRESS				REET ADDRES	ıs l				
STREET ADDRESS								1	
CITY-ST-ZIP			046	TY-SI-ZIP					

14. Thereby 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 trusted 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 a placement with an address.