

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:59

DOCUMENT # P93000071471 (5)

1. Corporation Name
SELLERS ALUMINUM, INC.

Principal Place of Business: **1016 23RD ST. SARASOTA FL 34234**
Mailing Address: **1016 23RD ST. SARASOTA FL 34234**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|-------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 10/14/1993 | 03/16/1994 |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 4. FEI Number | Applied For Not Applicable |
| 23. City & State | | 27. City & State | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 | | 29 | | 8. This corporation is liable for intangible tax under S. 190.02, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SELLERS, ROBERT ARNOLD 1016 23RD ST SARASOTA FL 34234 | | | | 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: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: | |
|----------------------------|---------------------|---|--|
| TITLE | NAME | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| DPC | SELLERS, ROBERT A | 12. NAME | |
| STREET ADDRESS | 1016 23RD ST. | 13. STREET ADDRESS | |
| CITY, ST, ZIP | SARASOTA FL 34234 | 14. CITY, ST, ZIP | |
| DSTC | SELLERS, KELLY JEAN | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| STREET ADDRESS | 1016 23RD ST. | 22. NAME | |
| CITY, ST, ZIP | SARASOTA FL 34234 | 23. STREET ADDRESS | |
| DV | SELLERS, LELAND B | 24. CITY, ST, ZIP | |
| STREET ADDRESS | 1016 23RD ST | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| CITY, ST, ZIP | SARASOTA FL 34234 | 32. NAME | |
| D | SELLERS, WILLIAM H | 33. STREET ADDRESS | |
| STREET ADDRESS | 1016 23RD ST | 34. CITY, ST, ZIP | |
| CITY, ST, ZIP | SARASOTA FL 34234 | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| | | 42. NAME | |
| | | 43. STREET ADDRESS | |
| | | 44. CITY, ST, ZIP | |
| | | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| | | 52. NAME | |
| | | 53. STREET ADDRESS | |
| | | 54. CITY, ST, ZIP | |
| | | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add New |
| | | 62. NAME | |
| | | 63. STREET ADDRESS | |
| | | 64. CITY, ST, ZIP | |

14. I hereby certify that the information supplied with this filing is true and correct and I am not liable for the completion of this filing under Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made on my oath. I am an officer or director of the corporation or the receiver or trustee appointed to receive this report as required by Chapter 107, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: Robert A. Sellers 1-30-95 813 366-6148