

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:58

DOCUMENT # P94000006292 (4)

1. Corporation Name

DISCOUNT ALUMINUM OF TAMPA, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/26/1994
3a. Date of Last Report

4. FEI Number 59-3231169
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. 190.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 105 WHITAKER RD
Suite, Apt. #, etc.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.

22 City & State
23 Lutz FLA.

27 City & State
28

24 Zip 33549
25 Country Hillsborough

29 Zip
30 Country

9. Name and Address of Current Registered Agent

PULS, ELIZABETH A
3743 PARKWAY BLVD.
LAND O LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name ELIZABETH P HAGMAN
82 Street Address (P.O. Box Number is Not Acceptable) 105 WHITAKER RD
83
84 City Lutz FL 85 Zip Code 33549

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 Elizabeth P. Hagman
(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HAGMAN, ELIZABETH P
STREET ADDRESS 15414 PLANTATION OAKS DR.
CITY-ST-ZIP TAMPA FL 33647

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME ELIZABETH P. HAGMAN
1.3 STREET ADDRESS 105 WHITAKER RD
1.4 CITY-ST-ZIP Lutz, FL 33549
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth P. Hagman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-95

813-948-2087