SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P94000006292 (4)**

1. Corporation Name
DISCOUNT ALUMINUM OF TAMPA, INC.

Principal Place of Business	Mailing Address
105 WHITAKER RD LUTZ FL 33549 US	105 WHITAKER RD LUTZ FL 33549 US

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business
21: 18203 Clearlake Dr
22 Suite, Apt. #, etc:
23 City & State: Lutz, Fla
24 Zip: 33548 25 Country: USA

2a. Mailing Address
26: P.O. Box 2536
27 Suite, Apt. #, etc:
28 City & State: Lutz Fla
29 Zip: 33548 30 Country: USA

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. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGMAN, ELIZABETH P.
105 WHITAKER RD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name: ELIZABETH P. DUCHAINE
82 Street Address (P.O. Box Number is Not Acceptable): 18203 Clearlake DR
83
84 City: Lutz FL 85 Zip Code: 33548

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. Duchaine 7-1-96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☑ Change ☐ Addition
NAME	HAGMAN, ELIZABETH P.		12 NAME	DUCHAINE, ELIZABETH P.	
STREET ADDRESS	105 WHITAKER RD		13 STREET ADDRESS	18203 Clearlake DR	
CITY-ST-ZIP	LUTZ FL		14 CITY-ST-ZIP	Lutz, Fl 33548	
TITLE		☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME			22 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, 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. Duchaine Pres. 7-1-96 8139482087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #