**FILED** 

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000008191

1. Corporation Name

CAPITAL ALUMINUM PRODUCTS, INC.

Principal Place	of Business	Mailing Address			\$8913881 310 19111 BIBIT BBITT	E 8 ( ) I. W W II I W W I I I	.0101 16181 11611	. 10101 116) 1981
5015 S FLORIDA		P.O. BOX 5252						
SUITE 200 LAKELAND FL 33807				50 NOT 141		00405		
LAKELAND FL 33813 US		US				RITE IN THIS	SPACE	
	•		•	3.	Date Incorporated or Qualife 02/02/1994	d 		
2. Principal Pl	ace of Business	2a. Mailing Address		4.	FEI Number		Ar	oplied For
21	•	26			59-3224246		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5	Certifcate of Status Desired	×		Additional
22	·	27			001410010 07 044140 0 001140	<u> </u>	Fee Re	equired
City & State		City & State		6.	Election Campaign Financing	g 🗆	•	May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	8.	This corporation owes the cu	ırrent year Inta		
24	25	29 3	0		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent			Name and Address of New	Registered /	Agent	
NOE	ADLANC DETED A		81 Nam	е				
	ARLANE, PETER A		82 Stree	et Address (P	O. Box Number is Not Accep	otable)		
	S FLORIDA AVE							
	E 215		83		•			
LAKE	ELAND FL 33813		84 City		<del></del>		85 Zip	Code
				, ,		FL		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	horized by the co	ed corporation rporation's bo	n submits this statement for tr pard of directors. I hereby acc	ept the appoir	changing its atment as re	egistered
	in landing was also by the sample.							
SIGNATURE	Signature, typed or printed name of registered agent		egistered Agent signatu			DATE		
SIGNATURE	•	t and title if applicable. (NOTE: R			einstating) ADDITIONS/CHANGES TO C		•	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: R	egistered Agent signatu				D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: R	egistered Agent signatur				•	
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: R	legistered Agent signatur  13. 1.1 TITLE	,			•	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W	I and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signatur 13. 1.1 TITLE 1.2 NAME	,			☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200	t and title if applicable. (NOTE: R	egistored Agent signatur 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	,			•	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200 LAKELAND FL 33813	I and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	,			☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200 LAKELAND FL 33813 D	I and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE	SS			☐ Change	☐ Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200 LAKELAND FL 33813 D MOATS, RAYMOND L 5015 S FLORIDA AVE	I and title if applicable. (NOTE: R D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	SS			☐ Change	☐ Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200 LAKELAND FL 33813 D MOATS, RAYMOND L 5015 S FLORIDA AVE LAKELAND FL 33813 D MAXWELL, TODD	Land title if applicable. (NOTE: RD DIRECTORS  DELETE  Land title if applicable. (NOTE: RD DIRECTORS)	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 32 NAME 3.3 STREET ADDRES	SS P/D			☐ Change	☐ Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D MAXWELL, LAWRENCE W 5015 S FLORIDA AVE #200 LAKELAND FL 33813 D MOATS, RAYMOND L 5015 S FLORIDA AVE LAKELAND FL 33813 D MAXWELL, TODD 5015 S FLORIDA AVE LAKELAND FL 33813 D	Land title if applicable. (NOTE: RD DIRECTORS  DELETE  A DELETE  DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP	SS P/D			☐ Change ☐ Change ☐ Change	Addition
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CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Lawrence T. Maxwell

(941) 647-1581