PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400060165

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name
GILES ALUMINUM, INC.

2. Principal Place of Business

Suite, Apt. #; etc.

City & State

22

23

24

Zip

Principal Place of Business
1319 36TH ST. W.
RRADENTON EL 34205

Mailing Address

1319 36TH ST. W. BRADENTON FL 34205

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

29

Zip

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90292 040 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

™No

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

08/16/1994

65-0517974

4. FEI Number

	**		81	Name				
GILES, RUTH A			82	Street	Address (P.O. Box Number is Not Acceptable)			
1319 36TH ST. W.			02	Sueer	Address (1.0. Box Hamber is Not Acceptable)			
BRADENTON FL 34205						-		
					<u></u>			
			84	City	FL	85 Zip C	ode	
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		AIOTE: Pegin	harred Agen	eionoturo r	equired when reinstating) DATE		— í	
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	Signature	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	
TITLE	D OF FIGURE AND DIRECTORS		.1 TITLE		7.557.167.6797.47.628.18.377.182.18.7.1	Change	Addition	
	_		2 NAME			_ ,	_	
NAME	GILES, PAUL	1	.3 STREET	*DDDE66			1	
STREET ADDRESS	1319 36TH ST. W.							
CITY-ST-ZIP	BRADENTON FL 34205		.4 CITY-\$1 2.1 TITLE	-ZIP		Change	Addition	
TITLE	D				•	¢.i.a.igo		
NAME	GILES, RUTH		2.2 NAME					
STREET ADDRESS	1319 36TH ST. W.	_ 2	2.3 STREET	ADDRESS				
CITY-\$T-ZIP	BRADENTON FL 34205		2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE 3	3.1 TITLE			☐ Change	☐ Addition	
NAME		3	3.2 NAME					
STREET ADDRESS		3	3.3 STREET	ADDRESS				
CITY-ST-ZiP	· · · · · · · · · · · · · · · · · · ·		3.4. CITY-S	T-ZIP				
TRLE		☐ DELETE 4	1.1 TITLE			☐ Change	Addition	
NAME		4	. 2 NAME				}-	
STREET ADDRESS		4	1.3 STREËT	ADDRESS				
CITY-ST-ZIP			1.4 CITY-S1	-ZiP				
TITLE		☐ DELETE 5	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS	•		3.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	-ZIP				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition	
NAME 1.3.			S.2 NAME					
	THE CONTRACT OF THE CONTRACT O		3.3 STREET	ADDRESS				
STREET ADDRESS			6.4 CITY-S	-ZIP				
CITY-ST-ZIP	partify that the information supplied with this filing doe	s not qualify for the	evemnti	on stated	I d in Section 119.07(3)(i), Florida Statutes, I further cea	tify that the in	formation	
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								

Country

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4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. G. les 4.2699

941 - 950-8347 Daytime Phone # 06/11) +5037