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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089176 (9)

1. Corporation Name
FLORIDA WEST ALUMINUM INC.



Principal Place of Business
9210-D9 COMMERCIAL WAY
BROOKSVILLE FL 34613

Mailing Address
9210-D9 COMMERCIAL WAY
BROOKSVILLE FL 34613

3. Date Incorporated or Qualified
12/08/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 9458 GRAY FOX DRIVE

2a. Mailing Address
26 9458 GRAY FOX DRIVE

4. FEI Number
59-3305989

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 SPRING HILL,, FL

City & State
28 SPRINGHILL, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 34613

Zip
29 34613

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, PETER C
--9210-D9 COMMERCIAL WAY--
--BROOKSVILLE FL 34613--

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9458 GRAY FOX DRIVE
83 SPRINGHILL, FL 34613
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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANSEN, PETER C	
STREET ADDRESS	9210-D9 COMMERCIAL WAY-	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORAN, KIMBERLY	
STREET ADDRESS	9210-D9 COMMERCIAL WAY	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HANSEN, NANCY E	
STREET ADDRESS	9210-D9 COMMERCIAL WAY-	
CITY-ST-ZIP	BROOKSVILLE FL 34613 --	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9458 GRAY FOX DRIVE
1.4 CITY-ST-ZIP	SPRINGHILL, FL 34613
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9458 GRAY FOX DRIVE
2.4 CITY-ST-ZIP	SPRING HILL, FL 34613
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9458 GRAY FOX DRIVE
3.4 CITY-ST-ZIP	SPRINGHILL, FL 34613
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *[Signature]* Peter Hansen 4-28-97 (352) 597-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0626063

CR2E034 (9/96)