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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Applied For Not Applicable

Zip Code

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** # P96000063132 (0)

FIRST COAST ALUMINUM, INC.

JOHNSON, KEITH H

JACKSONVILLE FL 32217

SUITE A

8810 GOODBY'S EXECUTIVE DRIVE

	rincipal Place of Businoss 11164 PINE ESTATES ROAD EAST JACKSONMILLE FL 32218	Mailing Address 11164 PINE ES	TATES ROAD EAST			
				3. Date Incorporated or Qualified 07/25/1996	3a. Date of Last Report	
21	Principal Place of Business 26. Mailing Address 26.			4. FEI Number 59 - 339675	3 Applied For Not Applica	
22	Suite, Apl. #, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State	City & State		6. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee:		
24	Zip Country 25	7 (p	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032, ] Yes □ No	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	gistered Agent	

82

83

Name

City 84

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Bo	g stered Agent signature rec		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		ELETE	1.1 1)11.10	Change Addi	ition
NAME	ROBERT A THYLOR 11164 PINE 65+. Rd. E.		1.2 NAME		
STREET ADDRESS	11164 PINE EST. Rd. E.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX, PIA, 32218		1.4 CHY-ST-ZIP		
TITLE	DE	ELETE	2.1 TITLE	Change Addi	ition
NAME			2.2 NAME		-
STREET ADDRESS			2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	DE	ELFTE	31TITLE	☐ Change ☐ Addi	ition
NAME			32NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	DE	ELFTE	4.1 Till E	☐ Change ☐ Addi	ition
NAME			4. 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE	DI	ELETE	5.1 YITLE	☐ Change ☐ Addi	ition
NAME			52 NAME		
STREET ADDRESS	,		5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 DiTY - S1 - ZIP		
THILE	Di	ELETE	6.1 Julut	Change Addi	ition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	I .	1	1		)

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.

635-8599