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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000101180 (3)

TURNER'S ALUMINUM, INC. Principal Place of Business Mailing Address C/O SHIRLEY A. TURNER C/O SHIRLEY A. TURNER 1132 FLEMING AVENUE 1132 FLEMING AVENUE LAKELAND FL 33815-3649 LAKELAND FL 33815 3. Date Incorporated or Qualified 3a, Date of Last Report 12/12/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 65-0713886 21 Suite Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country 8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes K No 25 29 30 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name TURNER, SHIRLEY A 1132 FLEMING AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33815 R3 City 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. Fam familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pertical can unof registered agent and title 4 applicable INOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS CR2E034 (9/96) 12 13. DELETE Change X Addition 11 TITLE 101.6 TURNER, SHIRLEY A JESSE TURNER 1.2 NAME NAME 1132 FLEMING AVENUE AVE 1132 FLEMING 1.3 STREET ADDRESS STREET ADDRESS. 33815 **LAKELAND FL 33815** LAKELAND, FL 1.4 CITY-ST-ZIP CHTY-ST ZIP Addition DELETE Change THUE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CHY- \$1-20 DELETE Change Addition THE 31 TITLE HAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS. 3.4. CITY - ST - ZIP CHY-S1-ZIP Addition ... DELETE Change 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIE 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 1.11.6 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY - S1 - ZIP Addition Change THIE DELETE 6.3 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREE! ACCURESS

64 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

Dialto Ethicky A. Turner 3-25-97

FILED

Mar 28 1997 8:00am

Secretary of State