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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000020695 (7)

LAKESIDE DISCOUNT ALUMINUM, INC.

Principal Place of Business 16 6TH STREET BHR

Mailing Address

16 6TH STREET BHR

FILED Apr 27 1998 8:00am Secretary of State



OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0749483 21 2001 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Ø 6. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be OKEEChober Trust Fund Contribution 23 28 Added to Fees Country This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. X Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRANK, BRENDA L 16 6TH STREET BHR 82 Street Address (P.O. Box Namber's Not Acceptable) **OKEECHOBEE FL 34974** 83 84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 16/98 Brende of SIGNATURE (NOTE Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. CR2E034 (10/9) DELETE 1.1 TITLE Change Addition TITLE FRANK, BRENDA L NAME 1.2 NAME 16 6TH STREET BHR STREET ADDRESS 1.3 STREET ADDRESS OKEECHOBEE FL 34974 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME

6.4 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

grand

DELETE

4/16/98

941-763-2868

☐ Change

☐ Addition