PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000081013**1. Corporation Name

LARRY REID ALUMINUM, INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90045 012 ***150.00



| Principal Place of Business Mailing Address | | | | | | | | |
|---|-------------------------------------|---|--------|--------|------------|---|---------------|----------------|
| 1020 41ST STRE BRADENTON FL | | 1020 41ST STREET WEST BRADENTON FL 34205 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3. Date Incorporated or Qualifed 09/18/1998 | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | - FELM | | Applied For |
| 21 | | 26 | | | | 4. FEI Number 0876149 | | lot Applicable |
| Suite, Apt. 3 | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | | |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| Zip | Country | Zip | Coun | | | 8. This corporation owes the current year In | tangible | _ |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | ☐ Yes | No |
| | 9. Name and Address of Currer | nt Registered Agent | | L., | | 10. Name and Address of New Registered | Agent | |
| | | | | 81 | Name | | | |
| | LARRY | | | 82 | Street Add | ess (P.O. Box Number is Not Acceptable) | | |
| | 41ST STREET WEST DENTON FL 34205 | | | 83 | | | | |
| DITAL | DEINI ON I E 04200 | | | 83 | | | | |
| | | | | 84 | City | FI | 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 pnnted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | D | ☐ DELETE | 1.1 TI | TLE | | | ☐ Change | Addition |
| NAME | REID, LARRY | | 1.2 N | AME | | | | |
| STREET ADDRESS | 1020 41ST STREET WEST | 1.3 \$1 | | TREET | ADDRESS | | | } |
| CITY-ST-ZIP | E priets | | ITY-ST | -ZIP | | Chann | e [] Addition | |
| TITLE | D | ☐ DELETE | 2.1 TI | | | | Change | S C Addition |
| NAME | ROWOLD, MICHAEL | | 2.2 N | | _ | | | |
| STREET ADDRESS | 4814 20TH STREET WEST | | 1 | | ADDRESS | | | |
| CITY-ST-ZIP | BRADENTON FL 34207 | ☐ DELETE | 2.4 C | ITY-S | r-zip | | [Change | Addition |
| TITLE | | 3.2 N | | | | | | _ |
| NAME | | | | | ADORESS | | | 1 |
| STREET ADDRESS | | | | CITY-S | | | | |
| CITY-ST-ZIP TITLE | | ☐ D€LETE | 4.1 TI | | , <u></u> | | ☐ Change | Addition |
| NAME | | | 4.2 N | IAME | | | | |
| STREET ADDRESS | | | 4.3 S | TREET | ADDRESS | | | } |
| CITY-ST-ZIP | | | 4.4 C | ITY-ST | -ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 T | TLE | | | Change | e |
| NAME | | | 5.2 N | AME | | • | | Ì |
| STREET ADDRESS | | | 5.3 S | TREET | ADDRESS | | | f |
| CITY-ST-ZIP | | | | ITY-SI | -ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 ∏ | | - | | Change | e |
| NAME | | | 6.2 N | | | · | | |
| STREET ADDRESS | | | 6.3 S | TREET | ADDRESS | | | 1 |

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: