

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000082879**

1. Corporation Name

HOSS & SON BEST BUY ALUMINUM, INC.

Principal Place of Business

3235 HWY. 441 S.E.
OKEECHOBEE FL 34974

Mailing Address

3235 HWY. 441 S.E.
OKEECHOBEE FL 34974

FILED
Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90007 014 ***150.00

07-27-1999 90010 033 ***400.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

65-0848471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **3235 SE HWY 441**

2a. Mailing Address

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **OKEE**

27

City & State

City & State

23 **OKEECHOBEE, FLORIDA**

28

Zip

Country

Zip

Country

24 **34974**

25

OKEECHOBEE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAUPIN, PATSY H
2331 S.E. 23RD TERR.
OKEECHOBEE FL 34974

81 Name

NONE

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

83

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 **NORMAN MAUPIN** **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **MAUPIN, NORMAN HOSS**
STREET ADDRESS **3235 HWY. 441 S.E.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DV** ☐ DELETE
NAME **MARSHALL MAUPIN, NORMAN**
STREET ADDRESS **3235 HWY. 441 S.E.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **MAUPIN, PATSY H**
STREET ADDRESS **3235 HWY. 441 S.E.**
CITY-ST-ZIP **OKEECHOBEE FL 34974**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **NORMAN MAUPIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-99 (941) 467-7003

CR2E034 (5/99)