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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moithart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S44853

(7)

1. Corporation Name
C & M ALUMINUM ADDITIONS, INC.

Principal Place of Business
STAR ROUTE 3 BOX 770
SATSUMA FL 32189

Mailing Address
STAR ROUTE 3 BOX 770
SATSUMA FL 32189-0001



| | | | | | |
|--|---------|---------------------|---------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 04/11/1991 | 03/29/1996 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FET Number | Applied For |
| 22 | | 27 | | 59-3056602 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| TOWNSEND JR, WILLIAM L. 200 REID ST FIRST UNION BANK BLDG PALATKA FL 32178-0250 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| TOWNSEND JR, WILLIAM L. 200 REID ST FIRST UNION BANK BLDG PALATKA FL 32178-0250 | | 81 Name | |
| | | 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POUPORE, GORDON EU | 1.2 NAME | |
| STREET ADDRESS | 201 PICKEREL AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN MATEO FL | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POUPORE, MARCIA ANN | 2.2 NAME | |
| STREET ADDRESS | 201 PICKEREL AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SAN MATEO FL | 2.4 CITY-ST-ZIP | |
| TITLE | DV | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RECAMIER, LUIS JR. | 3.2 NAME | THOMPSON, THOMAS E. |
| STREET ADDRESS | 124 CHERRY TRAIL | 3.3 STREET ADDRESS | P.O. Box 825 120 Putterlane |
| CITY-ST-ZIP | PALATKA FL | 3.4 CITY-ST-ZIP | WELAKA FL 32193 |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALLOY, LOUIS WILFRED | 4.2 NAME | |
| STREET ADDRESS | 1036 S HWY 17 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SATSUMA FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)