

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S96048

(1)

1. Corporation Name

ALUMINUM EXCHANGE, INC.



Principal Place of Business

9508 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610
US

Mailing Address

9508 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610
US

3. Date Incorporated or Qualified
11/21/1991

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3089015

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, LARRY
9508 E. MARTIN LUTHER KING BLVD.
TAMPA FL 33610

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 the corporation)

(If Other Registered Agent's name is required, please print name)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STEPHENS, LARRY W.
STREET ADDRESS 408 ROYAL WAY
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S
NAME REEVES, MELISSA S.
STREET ADDRESS 1202 WINDHORST RIDGE DR
CITY-ST-ZIP BRANDON FL ☐ DELETE

TITLE T
NAME REEVES, MELISSA S
STREET ADDRESS 1202 WINDHORST RIDGE DR
CITY-ST-ZIP BRANDON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JONES, MELISSA S.
2.3 STREET ADDRESS 1202 WINDHORST RIDGE DR
2.4 CITY-ST-ZIP BRANDON, FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME AL WHITEHEAD
3.3 STREET ADDRESS 509 S. LARRY CIRCLE
3.4 CITY-ST-ZIP BRANDON, FL 33511

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

(813)621-9208

Exp.

Daytime Phone #

CR2E034 (12/95)