FILE NOW: FILING FEE AFTER MAY 1 3 \$550.00 PROFIT FLORIDA DEPAI MENT OF STATE Lis (123) CORPORATION Sandra B. 🕍ortham ANNUAL REPORT Stale 🌂 Secretary DIVISION OF COFFORATIONS 97 JUN 27 AH 9: 18 1997 DOCUMENT # SECRETARY OF STATE TALL AHASSEE FLORIDA R.A.BURNS ALUMINUM, INC. 431 SOUTH HAWTHORN CIRCLE, WINTER SPRINGS FLORIDA32708 Mailing Address Principal Place of Business 431 SOUTH HAWTHORN CIRCLE WINTER SPRINGS, FL. 32708 SAME 3. Date Incorporated or Qualified 3a. Date of Last Report JUNE 16,1992 5/1/96 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-3126801 431_SO.HAWTHORN_CIR. \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees WINTER SPRINGS FL Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032, Zip Country 32708 SEMINOLE #∰ Yes ☐ No Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOYCE A BURNS
Street Address (P.O. Box Number is Not Acceptable) ROBERT A.BURNS 82 431 SOUTH HAWTHORN CIRCLE 431 SOUTH HAWTHORN CIRCLE 83 WINTER SPRINGS, FL. 32708 WINTER SPRINGS.... Zip Code 32708 84 City FLORIDA 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; board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the offigations of, Section 607.050p, Florida Statutes. Joyce DURUS SIGNATURE gisteren Agent signatur ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change Addition DELETE PRESIDE 5T 113006 PRESIDENT TITLE ... ROBERTA, BURUS Joyce A BURNS 12 NAME NAME 431 So HAWthorn wi So. HAWTHERN CIR 13 STREET ADDRESS STREET ADDRESS WISTER SPRINGS 7132708 WINTER SPKINGS 71 32708 14 City-ST-ZIP CITY-ST-ZIP Change Addition 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS **** 74.50 **** 174.50 Change Addition 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETÉ 4.1 10h E TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - Z/P CITY-ST-ZIP Change Addition DELETE 5111116 TITLE

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 trustyle 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.

5.2 NAME

61 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY - \$1 - ZIP

SIGNATURE

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12.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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DELETE

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Change

Addition