

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V44165** (1)

1. Corporation Name
ALUMINUM CONSTRUCTORS CORP.



Principal Place of Business
**16 CHISHOLM TRAIL, HITCHING POST
NAPLES FL 33962**

Mailing Address
**16 CHISHOLM TRAIL, HITCHING POST
NAPLES FL 33962**

3. Date Incorporated or Quoted **06/15/1992** 3a. Date of Last Report **03/31/1995**
4. FEI Number **65-2337897** 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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26
27
28
29
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9. Name and Address of Current Registered Agent

**GURGES, DIANA
1100 6TH AVE. SOUTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 of the individual who is the registered agent

Signature of the registered agent of the corporation

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1.1 TITLE ☐ DELETE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
1.5 TITLE ☐ DELETE
1.6 NAME
1.7 STREET ADDRESS
1.8 CITY, ST, ZIP
1.9 TITLE ☐ DELETE
1.10 NAME
1.11 STREET ADDRESS
1.12 CITY, ST, ZIP
1.13 TITLE ☐ DELETE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY, ST, ZIP
1.17 TITLE ☐ DELETE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
2.5 TITLE ☐ Change ☐ Addition
2.6 NAME
2.7 STREET ADDRESS
2.8 CITY, ST, ZIP
2.9 TITLE ☐ Change ☐ Addition
2.10 NAME
2.11 STREET ADDRESS
2.12 CITY, ST, ZIP
2.13 TITLE ☐ Change ☐ Addition
2.14 NAME
2.15 STREET ADDRESS
2.16 CITY, ST, ZIP
2.17 TITLE ☐ Change ☐ Addition
2.18 NAME
2.19 STREET ADDRESS
2.20 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 only attached with an addressee.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

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