FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V69377** (2)

1. Corporate Name

ACE ALUMINUM OF SOUTHWEST FLORIDA, INC.

Principal Place of Business:
570 STATE ST
N FT. MYERS FL 33917
US

Mailing Address:
570 STATE ST
N FT. MYERS FL 33917
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1992	3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0358748	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	2a Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PELAQUIN, BRUCE 570 STATE ST N FT. MYERS FL 33917	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 617.0502, 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] April 26, 1994

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	PELAQUIN, BRUCE	1 NAME
STREET ADDRESS	570 STATE ST	1 STREET ADDRESS
CITY-ST-ZIP	N FT MYERS FL	1 CITY-ST-ZIP
TITLE		2 TITLE ☐ Change ☐ Addition
NAME		2 NAME
STREET ADDRESS		2 STREET ADDRESS
CITY-ST-ZIP		2 CITY-ST-ZIP
TITLE		3 TITLE ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP

14. I the undersigned, 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: [signature] 5.03.95 813.995.1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0319985 CP