

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 06 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000008191 (6)**

1. Corporation Name  
**CAPITAL ALUMINUM PRODUCTS, INC.**



Principal Place of Business  
**5015 S FLORIDA AVE  
SUITE 200  
LAKELAND FL 33813**

Mailing Address  
**P.O. BOX 5252  
LAKELAND FL 33807-5252  
US**

3. Date Incorporated or Qualified  
**02/02/1994**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number  
**59-3224246**

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

9. Name and Address of Current Registered Agent

**McFARLANE, PETER A  
5015 S FLORIDA AVE  
SUITE 215  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXWELL, LAWRENCE W</b>	
STREET ADDRESS	<b>5015 S FLORIDA AVE #200</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MOATS, RAYMOND L</b>	
STREET ADDRESS	<b>5015 S FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXWELL, TODD</b>	
STREET ADDRESS	<b>5015 S FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOCHIS, GEORGE</b>	
STREET ADDRESS	<b>5015 S FLORIDA AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** \_\_\_\_\_ **Raymond L. Moats 4/11/97 941-647-1581**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)