

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000064271

**Entity Name:** ALUMINUM PRODUCTS WHOLESALE, INC.

**Current Principal Place of Business:**

11243 DISTRIBUTION AVENUE EAST  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

11243 DISTRIBUTION AVENUE EAST  
JACKSONVILLE, FL 32256

**FEI Number:** 59-3729654

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHEPHERD, MITCH B  
11243 DISTRIBUTION AVENUE EAST  
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |                 |                                |
|-----------------|--------------------------------|-----------------|--------------------------------|
| Title           | PVPS                           | Title           | TD                             |
| Name            | SHEPHERD, MITCH B              | Name            | SHEPHERD, MITCH B              |
| Address         | 11243 DISTRIBUTION AVENUE EAST | Address         | 11243 DISTRIBUTION AVENUE EAST |
| City-State-Zip: | JACKSONVILLE FL 32256          | City-State-Zip: | JACKSONVILLE FL 32256          |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MITCH B SHEPHERD

**PRESIDENT**

**04/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date