

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **467201** (0)

1. Corporation Name
D. & I. CARBIDE TOOL CO.



2. Principal Place of Business
**6902 INDUSTRIAL AVE
PORT RICHEY FLORIDA 34668**

3. Mailing Address
**6902 INDUSTRIAL AVE
PORT RICHEY FLORIDA 34668**

21. State of Incorporation
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. State, A.S. Number
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent

**TORRENCE, AL JR.
2351 U S 19 NORTH SUITE 106
PORT RICHEY FL 33568**

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

3. Date Incorporated or Qualified **01/07/1975**
3a. Date of Last Report **01/26/1995**
4. FLL Number **59-1564289** 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. 190.032 Florida Statutes Yes No
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed to be 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 607.05(9), Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____ DATE: _____
OFFICERS AND DIRECTORS: _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS
1. NAME: PD DECARLO, DEAN S. 132 PARKVIEW RD. CHELTENHAM PA VD	1. NAME: [] Change [] Add/In
2. NAME: DECARLO, DAVE 9380 DANIEL DR. N. PORT RICHEY FL	2. NAME: [] Change [] Add/In
3. NAME: [] DELETED	3. STREET ADDRESS: [] Change [] Add/In
4. NAME: [] DELETED	4. NAME: [] Change [] Add/In
5. NAME: [] DELETED	4. STREET ADDRESS: [] Change [] Add/In
6. NAME: [] DELETED	5. CITY: [] Change [] Add/In
7. NAME: [] DELETED	6. NAME: [] Change [] Add/In
8. NAME: [] DELETED	6. STREET ADDRESS: [] Change [] Add/In
9. NAME: [] DELETED	6. CITY: [] Change [] Add/In
10. NAME: [] DELETED	6. NAME: [] Change [] Add/In
11. NAME: [] DELETED	6. STREET ADDRESS: [] Change [] Add/In
12. NAME: [] DELETED	6. CITY: [] Change [] Add/In
13. NAME: [] DELETED	6. NAME: [] Change [] Add/In
14. NAME: [] DELETED	6. STREET ADDRESS: [] Change [] Add/In
15. NAME: [] DELETED	6. CITY: [] Change [] Add/In

14. I 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)(g), Florida Statutes. I further certify that the information included 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 registered broker empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Form 12 of the 1996 Annual Report. My attention is directed to the address:

SIGNATURE: *David G. DeCarlo* **DAVID G. DECARLO** 2-2-96 813-848-3356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (12/95)