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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 467201

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D. & I. CARBIDE TOOL CO.

SIGNATURE:

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Jan 23 1997 8:00am
Secretary of State

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Principal Place of Business	Mailing Address				}	ir i iri 111 ili ili ili ili ili ili ili ili ili il		
6902 INDUSTRIAL AVE. 6902 INDU								
PORT RICHEY FLORIDA 34668	PORT RICHEY FLOR		182					
					3. Date Incorporated or Quali	ified 3a, D	ate of Last R	leport
••••••••••••••••••••••••••••••••••••••	The state of the s				01/07/1975	02/	07/1996	W.F
2. Principal Place of Business	2a. Mailing Addres	S			4. FEI Number			oplied For
Suite, Apt. #, etc	26 Suite, Apt #, el				59-1564289		\$8.75	ot Applicable
22	27	ic.			5. Certificate of Status Desire	ad 🗀	ֆお./カ / Fee Re	
City & State	City & State				6. Election Campaign Financi	ing	\$5.00	
23	28				Trust Fund Contribution			to Fees
Zip Cou			Country		8. This corporation has liabilit			199.032
24] 25	29	30			Florida Statutes	Yes		
*** **** **** *** *** *** *** *** ***	dress of Current Registered Agent		81	Name	10. Name and Address of Ne	W Registered	Agent	
TORRENCE, AL JR.	ALUTE AAA				·			
2351 U S 19 NORTH S PORT RICHEY FL 3356			62	Street Addr	ress (P.O. Box Number is Not Acc	eptable)		
PURI MIUNET FL 3304	58		63		***************************************			
								····
			84	City		FL	85 Zip (Code
11. Pursuant to the provisions of S	Sections 607 0502 and 607 1508, Florida	Statutes, the	above-	named corp	poration submits this statement for	the purpose o	* I i of changing it	ls registered
 office or registered agent, or b 	ooth, in the State of Floridal Such change accept the obligations of, Section 607.05	e was authoriz	ized by t	he corporat	tion's board of directors. I hereby	accept the app	pointment as	registered
SIGNATURE.	masqa me enegace	700, 174	Allana					
Staivatoni	The second secon							
Slag with Typed night world			·	signature requir	red when reinstating)	DATE		
5kg with Typed rige wills	OFFICERS AND DIRECTORS	13	3.	signature requir	red when reinstating) ADDITIONS/CHANGES TO (***************************************
	OFFICERS AND DIRECTORS	13 11 11	3. 1 TITLE	signature requir			D DIRECTOR Change	***************************************
12. THE PO DECARLO, DEAN	OF LICE HS AND DIRECTORS DELE	13 11 1.2	3. 1 TITLE 2 NAME					***************************************
12. Title PD DECARLO, DEAN 132 PARKVIEW #	OFFICE HS AND DIRECTORS DELE S. RD.	13 11 12 13	3. 1 TITLE 2 NAME 3 STREET AL	DORESS				***************************************
12. TITLE PD DECARLO, DEAN STREET ADDRESS CHY-S1-ZIP CHELTENHAM P	OFFICE HS AND DIRECTORS DELE S. RD. 'A	13 11 12 13 14	3. 1 TITLE 2 NAME 3 STREET AL 4 CITY-ST-	DORESS			Change	Addition
12. TITLE PD DECARLO, DEAN STREEL ADDRESS CITY-S1-ZIP CHELTENHAM P	OF LICE HS AND DIRECTORS DELE I S. RD. A DELE	13 11 11 12 13 14 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	3. 1 TITLE 2 NAME 3 STREET AT 4 CITY-ST- 1 TITLE	DORESS				***************************************
12. TH.E PD DECARLO,DEAN STREELADDRESS CITY-ST-ZIP CHELTENHAM P. TITSE VD DECARLO,DAVE	OF LICE HS AND DIRECTORS DELE I.S. RD. A DELE	13 11 12 13 14 16 21 22	3. 1 TITLE 2 NAME 3 STREET AT 4 CITY-ST- 1 TITLE 2 NAME	DDRESS ZIP			Change	Addition
12. THE PD DECARLO, DEAN 132 PARKVIEW & CHELTENHAM P. TITLE VD DECARLO, DAVE 9380 DANIEL DR	OF LICERS AND DIRECTORS DELE I.S. RD. A DELE	13 11 12 13 14 14 21 22 23	3. 1 TITLE 2 NAME 3 STREET AT 4 CITY-ST- 1 TITLE 2 NAME 3 STREET AT	DORESS - ZIP			Change	Addition
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12. THE PD DECARLO, DEAN 132 PARKVIEW 8 CHELTENHAM P THE VD DECARLO, DAVE STREET ADDRESS CHY-ST-ZIP N. PORT RICHEY	OF LICE HS AND DIRECTORS DELE S. RD. A DELE V FL	13 11 12 13 14 14 21 22 23 24	3. 1 TITLE 2 NAME 3 STREET AT 4 CITY-ST- 1 TITLE 2 NAME 3 STREET AT 4 CITY-ST	DORESS - ZIP			Change Change	Addition
12. THE PO DECARLO, DEAN 132 PARKVIEW & CHELTENHAM POTTICE VD DECARLO, DAVE 9380 DANIEL DRIVER DITTER N. PORT RICHEY	OF LICE HS AND DIRECTORS DELE S. RD. A DELE V FL	13 14 11 12 13 14 15 16 21 22 23 24 11 11 32	3. 1 TITLE 2 NAME 3 STREET AI 4 CITY-SI- 1 TITLE 2 NAME 3 STREET AI 4 CITY-SI- 1 TITLE	DORESS -ZIP DORESS -ZIP			Change Change	Additio
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