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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P920 FAL REFRACTORY SERVI	00005583 (9) ICES, INC.				### \$100 find thing this this	
Principal Place	e of Business	Mailing Address				NOT BITOL BITOL IBJOR 1911 IBBL	
9532-2 HISTORIC KINGS ROAD S JACKBONVILLE FL 32257 LIS		PO BOX 24488 JACKSONVILLE FL 32241 US		DO NOT WRITE IN THIS	SPACE		
••					3. Date Incorporated or Qualified		\neg
					11/16/1992		_
2. Principal Place of Business		2s. Mailing Address			4. FEI Number	Applied For	\Box
21		26			65-0370349	Not Applicat	ek.
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	- 1
City & State	ß	City & State	City & State		8. Election Campaign Financing		
23		⊢ ¬ '	28		Trust Fund Contribution	\$5.00 May Be Added to Fees	- 1
Zip	Country 25	Zip			This corporation owes or has paid the current Personal Property Tax due June 30.		٦
<u> </u>	9. Name and Address of Cui		1301		10. Name and Address of New Registered		
CA	ARTER, ROY D		81	Name		··· -	\neg
1533 RIVERGATE DR			82	Street A	Address (P.O. Box Number is Not Acceptable)		{
JA	CKSONVILLE FL 32223		62 S1861 AG		tadiose (1.0. box validor is 140 Accoptable)		
			∫63				7
			64	City	Fi	85 Zip Code	ᅱ
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	tes, the abov	e-named c			d
office or r agent. I a	egistered agent, or both, in the Si m familiar with, and agcept the ob	tate of Florida, Such change was bligetions of, Section 607.0505, Fl	authorized b orida Statute	y the corpo is.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the accept th	pointment as registered	' {
SIGNATURE	Signature, typegraphined name of registered	d agent and title if applicable (NO	TE: Registered Ap	ent signature n	required when reinstaling) 3//6/98 DATE		_
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PVST DELETE		1.1 TITLE	- {		☐ Change ☐ Additi	on [
NAME	CARTER, ROY D		1.2 NAME	1			- [3
STREET ADDRESS	1533 RIVERGATE DR			T ADDRESS			- li
CITY-ST-2IP TITLE	JACKSONVILLE FL 32223	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP		Change Additi	
NAME	AAPPER BAY A		2.1 HILE 2.2 NAME	- 1	•	Clause Cavour	۱ ان
STREET ADDRESS	1533 RIVERGATE DR			T ADDRESS			-
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY		•		- (
TITLE		DELETE	3.1 TITLE	01-211		☐ Change ☐ Additi	on
NAME			3.2 NAME	ĺ		• •	{
STREET ADORESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			╝
TITLE		☐ DELETE	4.1 TITLE	Ţ		Change Additi	00
NAME	li .		4. 2 NAME	:]			
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CITY - ST - ZIP	Librita		4.4 CITY-			Change	
TITLE			5.1 TITLE	- 1		Change Additi	ON
NAME CTRCTT (DODGGG			52 NAME			•	
STREET ADDRESS				TADORESS			- {
CITY-ST-ZIP TITLE			5.4 CITY - 6.1 TITLE			Change Additi	ion
NAME	ı		6.2 NAME				
STREET ADORESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ì			Ì

I 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 roceiver 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 any address.

SIGNATURE:

FILED

Mar 19 1998 8:00am

Secretary of State