FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **289762** **(7)**

1. Corporation Name

CARBONIC INDUSTRIES CORPORATION

Principal Place of Business	Mailing Address
3700 CRESTWOOD PKWY. SUITE 200 DULUTH GA 30136 US	3700 CRESTWOOD PKWY. SUITE 200 DULUTH GA 30136 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

3. Date Incorporated or Qualified: 02/11/1965

3a. Date of Last Report: 05/10/1994

4. FEI Number: 59-1114305 ☐ 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

DOMINICK, JULIAN K
170 E WASHINGTON ST
ORLANDO FL

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DOMINICK, JULIAN K.
STREET ADDRESS	170 E. WASHINGTON ST.
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	PD
NAME	HINLEY, J. VERNON
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200
CITY-ST-ZIP	DULUTH GA
TITLE	VD
NAME	TOEPKE, JOHN A
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200
CITY-ST-ZIP	DULUTH GA
TITLE	D
NAME	HINELY, W H
STREET ADDRESS	1610 S DIVISION AVENUE
CITY-ST-ZIP	ORLANDO, FL 00000
TITLE	T
NAME	FOWLER-HURT, SANDRA
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200
CITY-ST-ZIP	DULUTH GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 a 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: Sandra Fowler Hurt — 5/1/95 — (404) 717-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

SANDRA FOWLER HURT

0300827 FP