FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
CARBONIC INDUSTRIES CORPORATION

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

Mailing Address
3700 CRESTWOOD PKWY.
SUITE 200
DULUTH GA 30136
US

3. Date Incorporated or Qualified: 02/11/1965
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

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
Signature, typed or printed name of registered agent and the date signed — OR — Registered Agent Signature (required after designation) — DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	DOMINICK, JULIAN K.	
STREET ADDRESS	170 E. WASHINGTON ST.	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	☐ DELETE
NAME	HINLEY, J. VERNON	
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200	
CITY-ST-ZIP	DULUTH GA	
TITLE	VD	☐ DELETE
NAME	TOEPKE, JOHN A	
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200	
CITY-ST-ZIP	DULUTH GA	
TITLE	D	☐ DELETE
NAME	HINELY, W H	
STREET ADDRESS	1610 S DIVISION AVENUE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	T	☐ DELETE
NAME	FOWLER-HURT, SANDRA	
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200	
CITY-ST-ZIP	DULUTH GA	
TITLE		☐ DELETE
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	100001886411	☐ Change ☐ Addition
4.2 NAME	-07/08/96--01059--005	
4.3 STREET ADDRESS	***~~200.00~~ 225.00	
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	07-08-96 OR	
6.1 TITLE	VP	☐ Change ☒ Addition
6.2 NAME	Dave Fike	
6.3 STREET ADDRESS	3700 Crestwood Pkwy, Ste 200	
6.4 CITY-ST-ZIP	Duluth, GA	

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(3)(k), 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-14-96 Daytime Phone #: 770-717-2200

CR2E034 (12/95)