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

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 title, if applicable) (If CR, Registered Agent Signature Required Before Filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICK, JULIAN K.		1.2 NAME		
STREET ADDRESS	170 E. WASHINGTON ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HINLEY, J. VERNON		2.2 NAME		
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200		2.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOEPKE, JOHN A		3.2 NAME		
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HINELY, W H		4.2 NAME		
STREET ADDRESS	1610 S DIVISION AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER-HURT, SANDRA		5.2 NAME		
STREET ADDRESS	3700 CRESTWOOD PKWY., SUITE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	DULUTH GA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME			6.2 NAME	Dave Fike	
STREET ADDRESS			6.3 STREET ADDRESS	3700 Crestwood Pkwy, Ste 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Duluth, GA	

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***~~200.00~~ 225.00

07-08-96 OR

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)(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 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 5-14-96 770-717-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)