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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16 1998 8:00am Secretary of State

1998 (8)DOCUMENT # 427391 BAY AREA KILNS, INC. Principal Place of Business Mailing Address 4818 N. GRADY 4818 N GRAAY TAMPA FL 33614 **TAMPA FL 33614** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1973 2. Principal Place of Business 2a. Mailing Address 4. FFI Numbe Applied For 59-1486983 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CASEY, HAROLD 5010 N CLARK ST 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33614 83 84 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 registured agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE CASEY, HAROLD 12 NAME NAME 5010 N CLARK ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE CASEY, DIANE NAME 2.2 NAME 5010 N CLARK ST STREET ADDRESS 2.3 STREET ADDRESS **TAMPA, FL 00000** CITY-ST-ZIP 2. 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 charged, or on an attachment with an address.

SIGNATURE: All Manual Man

SIGNATURE: