

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **496081** (1)
1. Corporation Name
CENTRAL REFRACTORY, INC.



Principal Place of Business 2620 KEYSVILLE RD P O DRAWER 777 LITHIA FL 33547-7777	Mailing Address 2620 KEYSVILLE RD P O DRAWER 777 LITHIA FL 33547-7777
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/05/1976	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-1639626	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**VARNUM, A. H.
11930 WALTER HUNTER RD
PO DRAWER 777
LITHIA FL 33547**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	VARNUM, A. H.	1.2 NAME	
STREET ADDRESS	11930 WALTER HUNTER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CONRAD, RAYMOND	2.2 NAME	
STREET ADDRESS	3845 EDDIE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	VARNUM, R C	3.2 NAME	
STREET ADDRESS	261 TOM CARR LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	BAILEY, RANDELL L	4.2 NAME	
STREET ADDRESS	502 N. FORBES RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	LEDFORD, MARJORIE A	5.2 NAME	
STREET ADDRESS	2923 ELM ST., N.W., P. O. BOX 2233 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

A. H. Varnum

A. H. Varnum 2-19-98

813 737-1402

CR2E034 (10/97)