

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001675 (8)
1. Corporation Name:
CAROLINA ALLOY & STAINLESS, INC.

Principal Place of Business: **2500 ALLEN ROAD, SOUTH
POST OFFICE BOX 668992
CHARLOTTE NC 28266**

Mailing Address: **2500 ALLEN ROAD, SOUTH
POST OFFICE BOX 668992
CHARLOTTE NC 28266**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **56-1286812** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**THIEBES, JOHN W
423 BREVARD AVE.
COCOA FL 32923-1926**

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 607.0102 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 of Agent, registered office, or registered agent and the corporation Signature of Registered Agent, separate registered agent and office DATE: _____


12. OFFICERS AND DIRECTORS

12.1 TITLE	DCPT
12.2 NAME	SMITH, MICKY FLYNN
12.3 STREET ADDRESS	ROUTE 4, BOX 809
12.4 CITY, ST., ZIP	LINCOLN NC 28092
12.5 TITLE	DVPS
12.6 NAME	SMITH, ELIZABETH C
12.7 STREET ADDRESS	ROUTE 4, BOX 809
12.8 CITY, ST., ZIP	LINCOLN NC 28092
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST., ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST., ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST., ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST., ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST., ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST., ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the position stated in the laws of the State of Florida. I further certify that the information indicated on this annual report or supplemental annual report is true and I am qualified that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation on the record or herein represented by name in this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report or on an attached form with an addition.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth C. Smith Vice Pres.

4/28/95 704-596-8664